

59th Medical Wing



U.S. AIR FORCE

59 MDW OB/GYN Product Line Analysis

Information Brief
Briefer: LtCol Julian
Date: 13 Oct 04

Integrity - Service - Excellence

Overview

- Revised Financing & Business Plan
- San Antonio Multi-Service Market (SA-MM)
- Centralized Consult Management and Appointing (CAMO)
- OB/GYN Product Line Review

Revised Financing Overview

Prospective Payment System

- Goal 1: Provide Care of your Prime Enrollees
 - In-house vs. “make vs. buy” to Private Sector
 - MTF responsible for all PRIME care rendered in both direct care and private sector
- Goal 2: Earn Revenue on Fee for Service (FFS) Basis
 - Other MTFs’ Enrollees, Space-A (Active duty and other), Tricare Plus and TRICARE for Life, and MCSC (new)
- Bottom-line: We need to take care of our enrollees and meet our business plan targets; Focus on Customer Satisfaction, Access to Care, Productivity, and Data Quality

Business Plan Overview

Actual **59 MDW** Performance Oct-May 04

RVUs	IHC	Other DC	PC	Total PRIME	Other Enr	SA AD	SA NAD	Plus	Total FFS
Actual	256,130	16,071	55,388	327,589	79,986	72,278	48,866	104,149	305,279
Target	286,272	25,624	44,248	356,144	94,336	110,488	95,384	74,136	374,344
Diff	(30,142)	(9,553)	11,140	(28,555)	(14,350)	(38,210)	(46,518)	30,013	(69,065)
% Met	89%	63%	125%	22%	77%	44%	109%	140%	82%

RWPs	IHC	Other DC	PC	Total PRIME	Other Enr	SA AD	SA NAD	Plus	Total FFS
Actual	2,633	225	344	3,202	1,854	290	3,262	2,877	8,283
Target	2,856	280	368	3,504	2,088	440	4,864	2,072	9,464
Difference	(223)	(55)	(24)	(302)	(234)	(150)	(1,602)	805	(1,181)
% Met	92%	80%	93%	91%	89%	66%	67%	139%	88%

 Bottom-line: -\$6.0M

Source: P2R2 Virtual Analyst website

- Performance against targets seen differently for PRIME & FFS patients
- FY04 Targets based on FY02 LOE with no adjustments
- FY05: 25% "At Risk"; FY06: 50%

SA-MM Overview

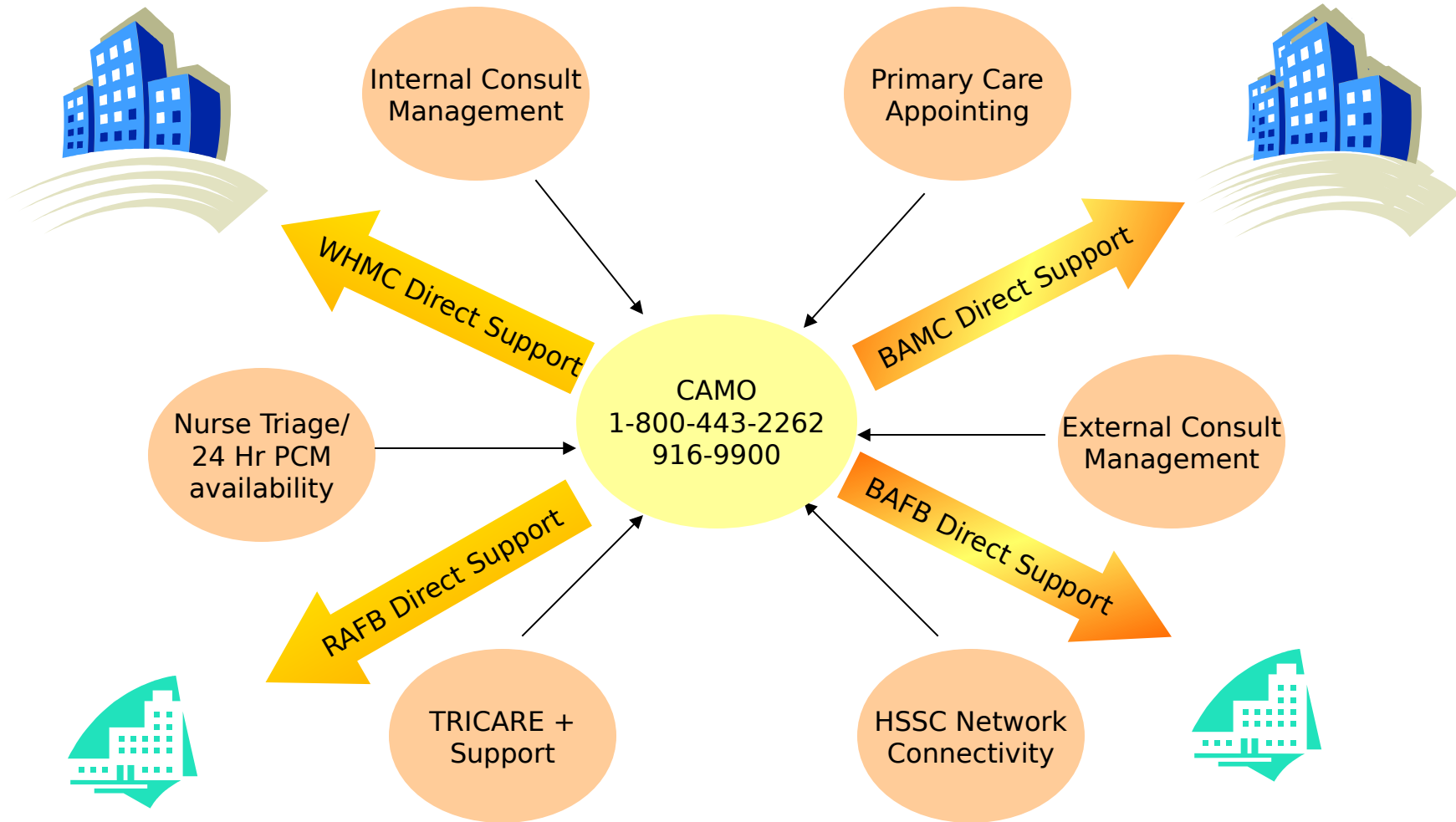
Goals & Objectives

- San Antonio Multi-Service Market (SA-MM) consists of WHMC, BAMC, Randolph Clinic, and Brooks Clinic
- Goals: Achieve the following desired end states
 - Optimize efficiency between direct and purchased care markets
 - Eliminate duplicate services
 - Increase synergy and cooperation among San Antonio MTFs
 - Ensure patient satisfaction with access and quality service
 - Strengthen Readiness by allocating the appropriate mix of resources
- Objectives
 - Optimize provider mix across specialty lines
 - Move providers and add facility capacity to meet population demands
 - Conduct rigorous business planning for clinical service lines
 - Optimize Third Party Billing, Contracting and Pharmacy
 - Establish a SA-MM Consult, Appointment and Management Office

CAMO Benefits

- Recapture Prime Leakage through more effective utilization of Market resources
- Provide “Entire Market” approach to appointment and referral processes
- Eliminates competition between MTFs and encourages cooperation
 - Encourages consolidation of clinical service lines
 - Facilitates GME (free movement of patients and staff between MTFs)
- Provides single POC for coordination between Purchased Care System and MTFs on referrals

SA-MM CAMO



OB/GYN

Product Line Analysis

- Clinic Description
- Manpower and Staffing
- Readiness/Mobility Taskings
- Access to Care
- Template Review and Workload over Time
- PRIME Leakage, PSC Use, and Market Share
- Coding Analysis
- Comparison to Civilian Benchmark
- Business Plan Implications
- Third Party Collections
- Customer Satisfaction
- Stoplights

Obstetrics/Gynecology Department Description

- San Antonio Consortium Agreement
 - WHMC is sole MTF for deliveries from Lackland, Ft Sam Houston, Randolph, and Brooks beneficiaries
 - BAMC performs the majority of Gyn surgeries for the San Antonio area
- 173 personnel in two flights
- Over 40,000 outpatient visits and admissions per year
- Four OB/Gyn subspecialties within WHMC/BAMC: Maternal-Fetal Medicine (MFM), Reproductive Endocrinology (RE), Gynecology Oncology, and Urology/Gynecology.

Labor and Delivery Unit Description

- State-of-the-art birthing center for San Antonio area military members and their dependants
- 23 labor/delivery/recovery/postpartum rooms (LDRP)
- 6 antepartum rooms
- Triage area
- Antepartum testing unit with 6,000 encounters annually
- Approximately 2,000 deliveries annually

OB/Gyn Residency GME Program Status

- Integrated Residency Program – Yes (PG1-5)
 - 3 AF Starts per Year/3 Army start per year
 - 11 Total AF Residents/13 Total Army Residents
 - Total 24 Residents in Integrated Program
- RRC Status: 4-year accreditation:
 - Last inspection Nov 01; Accreditation date 17 Jan 02
- Overall Program Health: Good
 - 100% Oral board certification pass rate past 8 years
 - 98% on-time graduation
 - Scores: CREOG in training exam top 15% nationwide 2003 (increased every year past 7 years)

OB/Gyn Residency GME Program Status (con't)

- Case Mix and Patient Volume:
 - Above 50th percentile in all case types except:
 - Cesarean deliveries in bottom 1/3 nationwide
 - Abdominal hysterectomies in bottom 20% (if decreases more, may be a concern for accreditation)
 - Operative delivery rate in top 25%
 - Vaginal hysterectomies in top 1/3
- OR starts: 2 weekly at WHMC/9 weekly at BAMC
 - Minimum OR starts: 2 per week at WHMC/9 per week BAMC
 - Optimum OR starts: 2 per week at WHMC/11 per week at BAMC

Provider Staffing

	Authorized				Assigned			
Providers	Military	GS	Contract	Total	Military	GS	Contract	Total
45G3 (General)	5	0	0	5	5	0	0	5
45G3A (RE)	2	0	0	2	2	0	0	2
45G3D (MFM)	3	0	0	3	2	0	0	2
Residents	24	0	0	24	24	0	0	24
46N3A (NP)	4	0	4	4	4	0	4	4
TOTAL	38	0	4	42	37	0	4	41

Additional resources

- **859 Sq/CC is also an MFM and can provide assistance**
- **OB/Gyn Residency program director (RE - assists in clinic)**
- **All OB/Gyn physicians travel between BAMC and WHMC**

OB/GYN

Support Staffing - Clinics

	Authorized				Assigned				
Support Staff	Military	GS	Contract	Total	Military	GS	Contract	Total	%
4AO	9	5	1	15	6 (2)	4	1	13 (2)	87%
4NO	14	2	4	20	16 (1)	2	4	22 (1)	110%
46N3	4	2	0	6	4	2	0	6	100%
Secretaries	0	2	1	3	0	1	1	2	66%
U/S tech	0	0	1	1	0	0	1	1	100%
TOTAL	27	9	7	43	26 (3)	8	6	40 (3)	93%

Parentheses: deployed or matrixed

OB/GYN

Support Staffing (L&D)

	Authorized				Assigned				
Support Staff	Military	GS	Contract	Total	Military	GS	Contract	Total	%
4AO	4	0	0	4	1	0	0	1	25%
4NO/LVN	34	12	0	46	26 (3)	11	0	37 (3)	80%
46N3	37	21	4	62	29 (4)	20	4	53 (4)	69%
TOTAL	75	33	4	112	56	31	4	91 (7)	81%

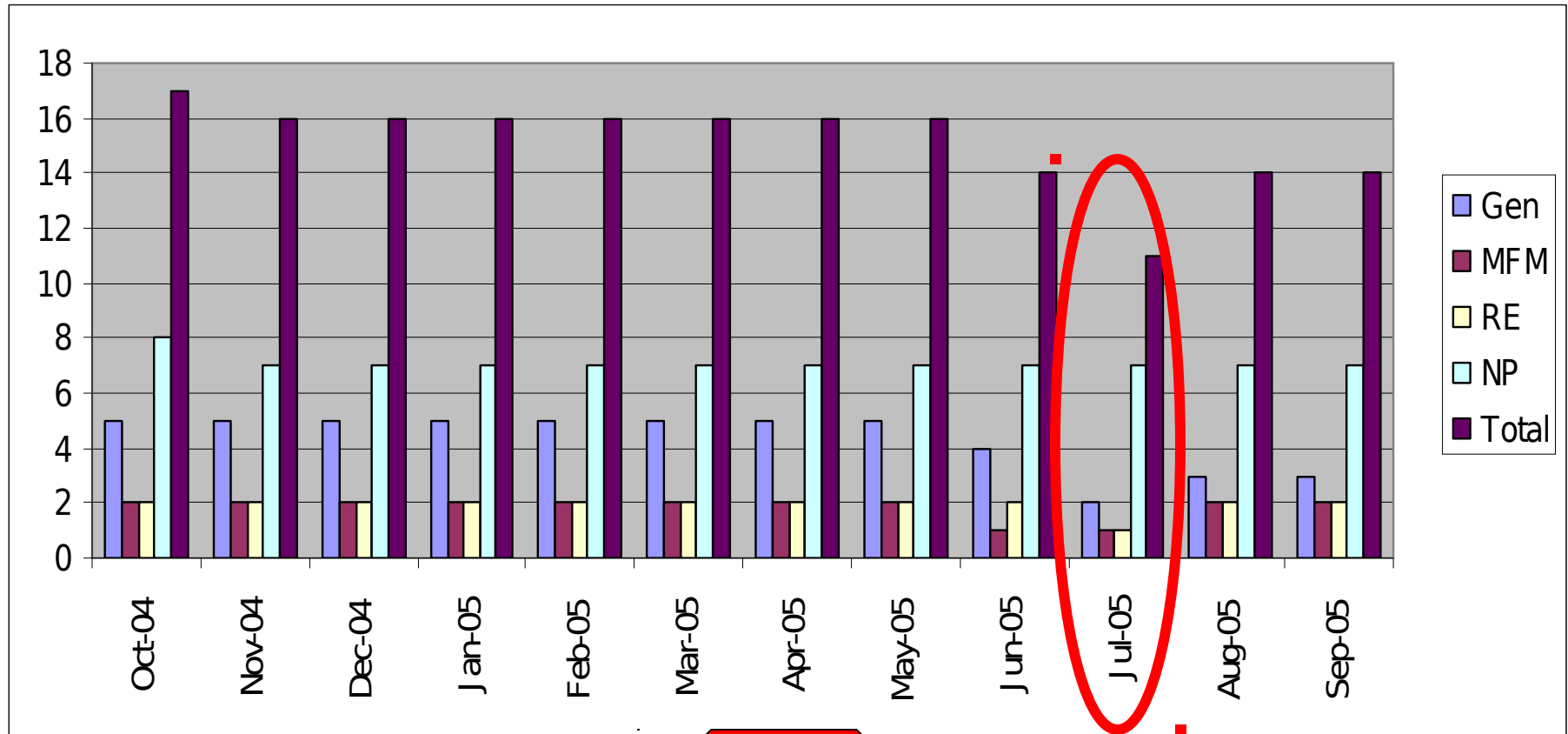
Parentheses: deployed or matrixed

OB/GYN

AF Staff Provider Projection

- Currently have 9 staff AF physicians and 8 FTE nurse practitioners
 - MD: 5 generalists, 2 maternal-fetal medicine specialists, and 2 reproductive endocrinologists
 - NP: 4 military NPs and 5 contract NPs
- 1 Nov 04, will lose one NP position (1 Contract FTE deleted)
- In June/July 2005, will have 5 staff physicians
 - Losing 3 generalists, one MFM and one RE
- In August, 3 staff physicians will arrive
 - Gaining one generalist, one MFM, and one RE

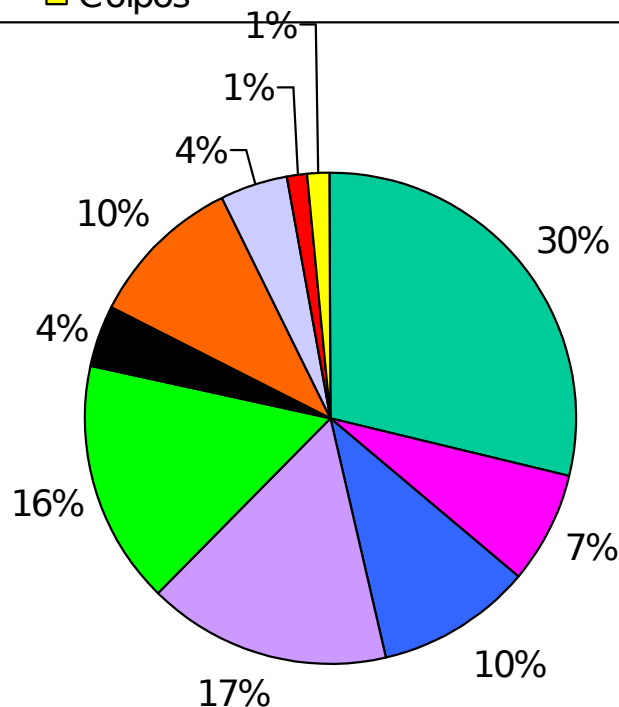
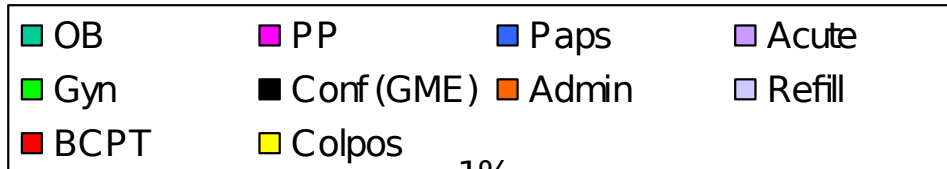
OB/Gyn Staffing Projections FY 2005



Major
Staffing
Problem

OB/Gyn Provider Staff

Nurse Practitioners (8 going to 7)

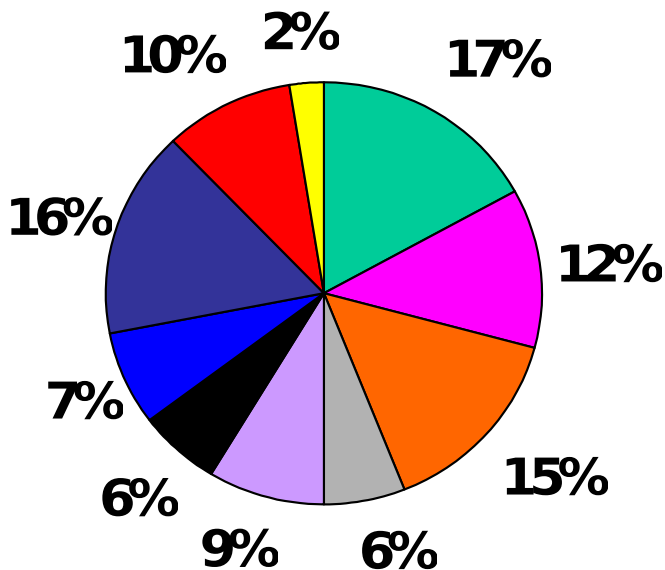


- OB = 80 hours/week
- Postpartum = 20 hours/week
- Pap smears = 28 hours/week
- Acute = 44 hours/week
- Gyn = 44 hours/week
- Conference = 12 hours/week
- Admin time = 28 hours/week
- Refill time = 12 hours/week
- Breast cancer prevention trial = 4 hours/week
- Colposcopies at BAMC = 4 hours/week

• Admin/GME time make up 14% of total NP time; 86% is clinical

OB/Gyn Provider Staff

Staff Providers (9 + Sq/CC = 10)

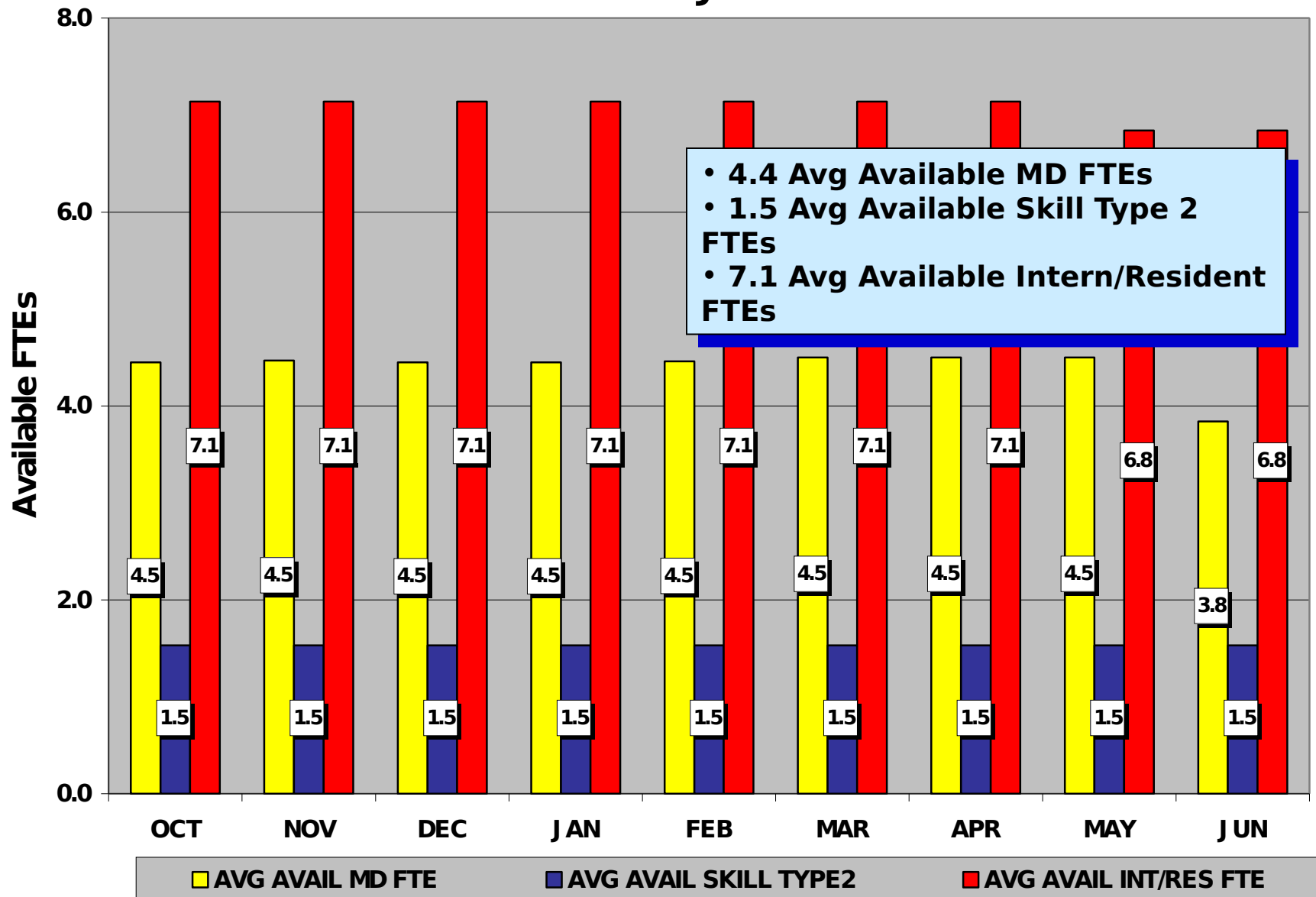


- L&D = 56 hours/week
- Consultant = 40/week
- OB clinic = 48/week
- Sonography = 20/week
- Conference = 28/week
- Research = 20/week
- Admin = 24/week
- Infertility = 52/week
- Surgery = 32/week
- Other = 8/week
 - (Endometriosis/Genetics)

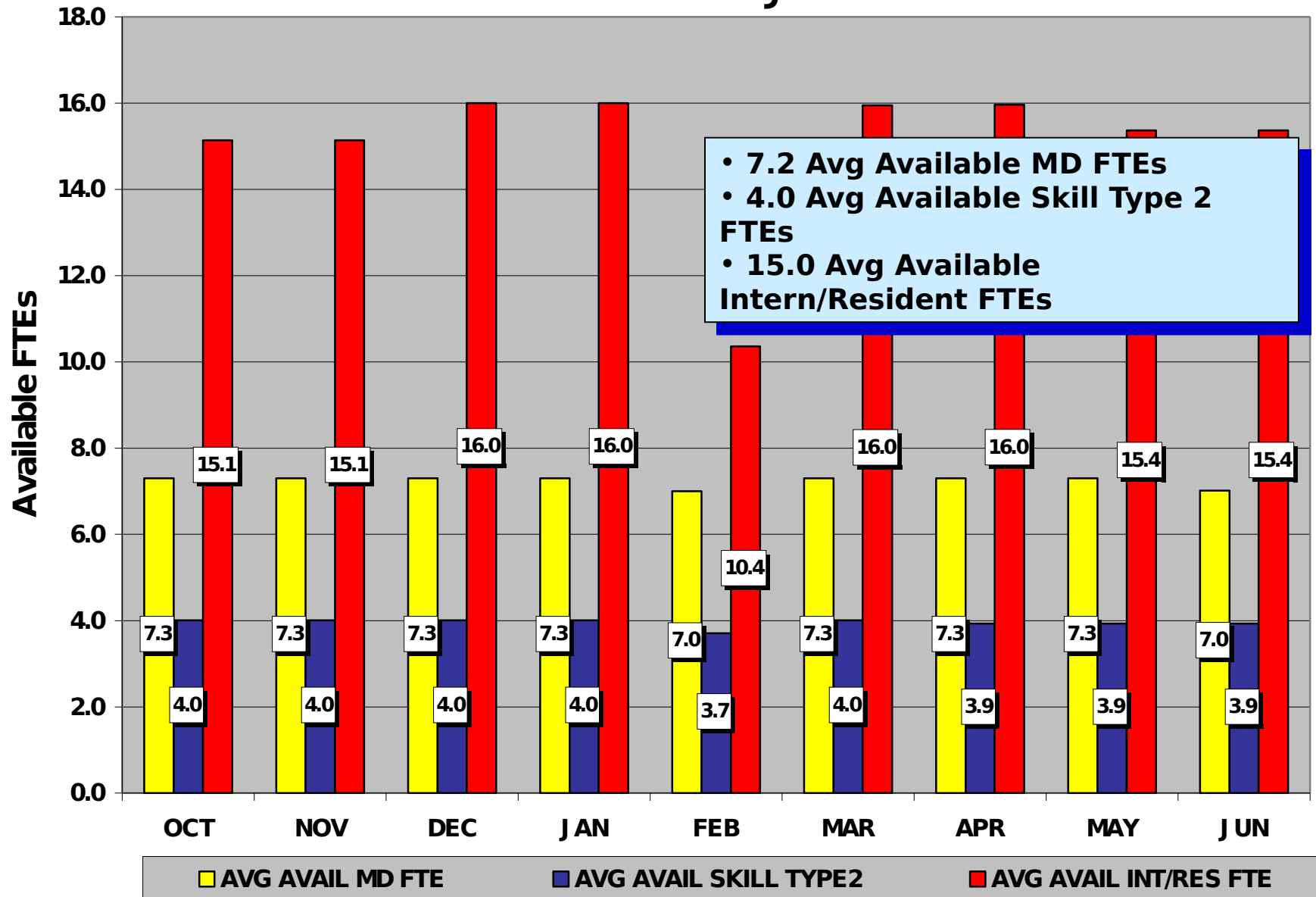
- Admin/GME make up 13%
Of time; 87% is clinical

Includes one Army staff provider
(Robinson)

Obstetrics Monthly Reported Available FTEs Oct 03 – Jun 04



Gynecology Monthly Reported Available FTEs Oct 03 – Jun 04



OB/GYN

Mobility and Other Deployments

- Physician Deployments (SGX Database)
 - FY03:
 - 0 deployments
 - FY04 Taskings in Turtle Model:
 - OB Team: 9/10 (1 45G3, 1 46N3A, 2 46N3Gs, 4 4N0s)
 - GYN Team: 9/10 (1 45G3, 1 45N3A, 1 4A, 2 4N0s, 2 4N1s)
 - FY04 Actual: Col Barth 111 days* (2 Jun – 19 Sep)
- Humanitarian and Civic Assistance
 - FY03
 - 1 Physician (Blake) for 18 days
 - 1 Resident for 13 days
 - FY04: None

** Not counting transition days*

OB/GYN

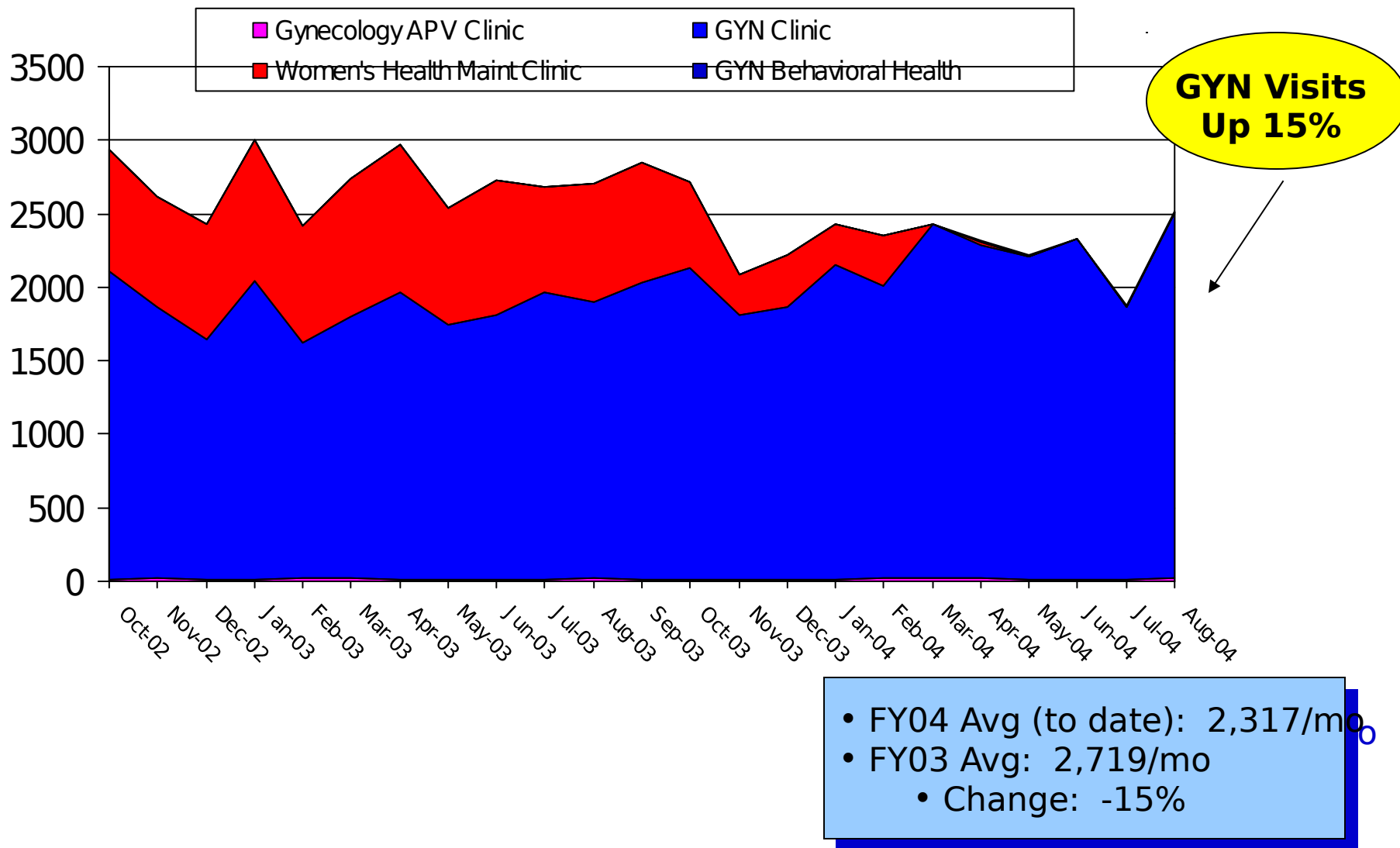
Access to Care

- Standard for Specialty Appointments: 28 days
 - Gynecology
 - Met: 99%
 - # Appts Met/Total: 499/606
 - Avg Wait Time: 16.0 days
 - *Note:* 99% of Acute GYN needs met; 0.16 days wait time
 - Obstetrics
 - Met: 96%
 - # Appts Met/Total: 114/119
 - Avg Wait Time: 18.1 days

• OB/GYN **meeting standard**
for routine access to
specialty care

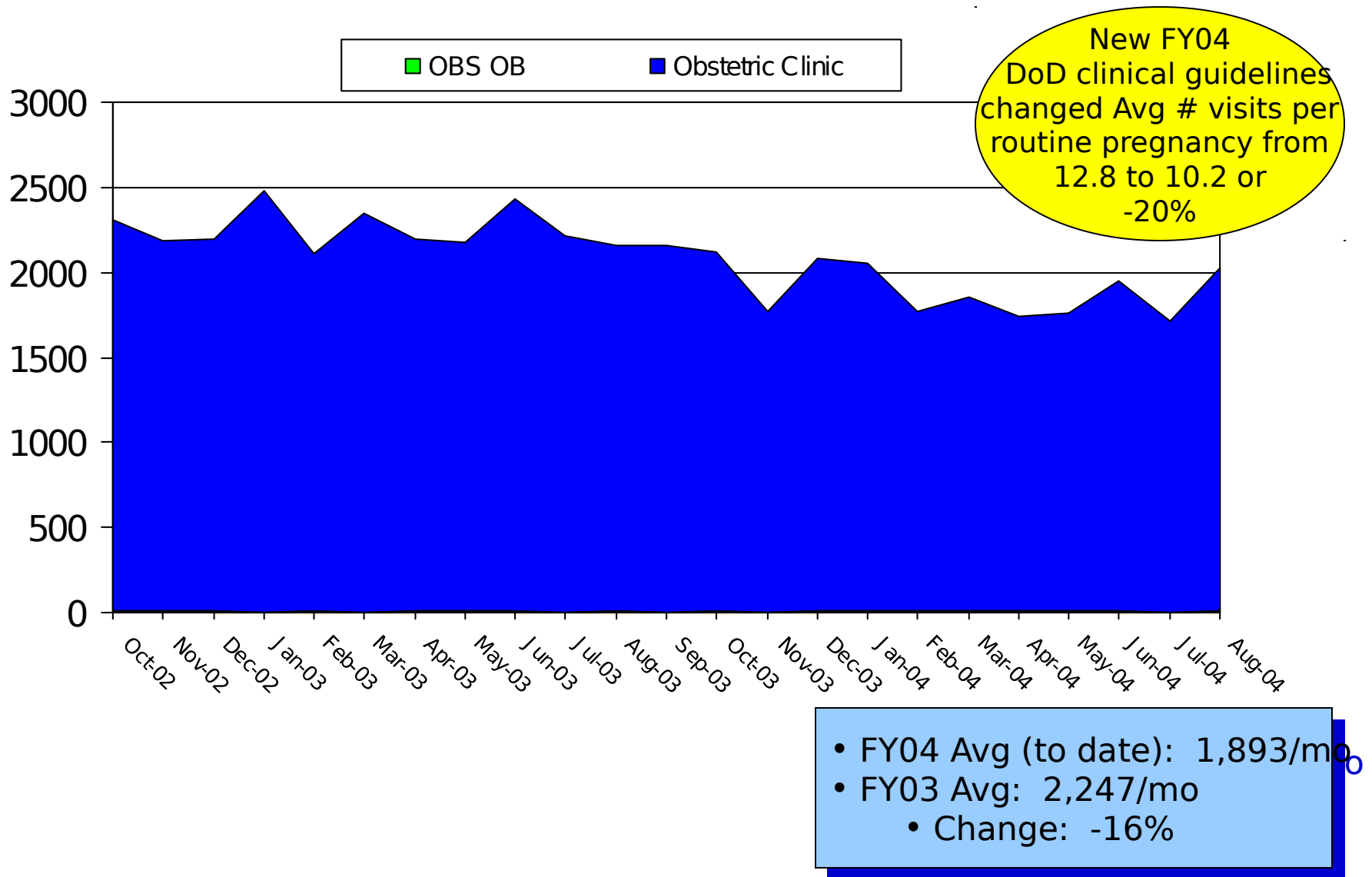
Gynecology

Total OP Visits Oct 02-Jun 04



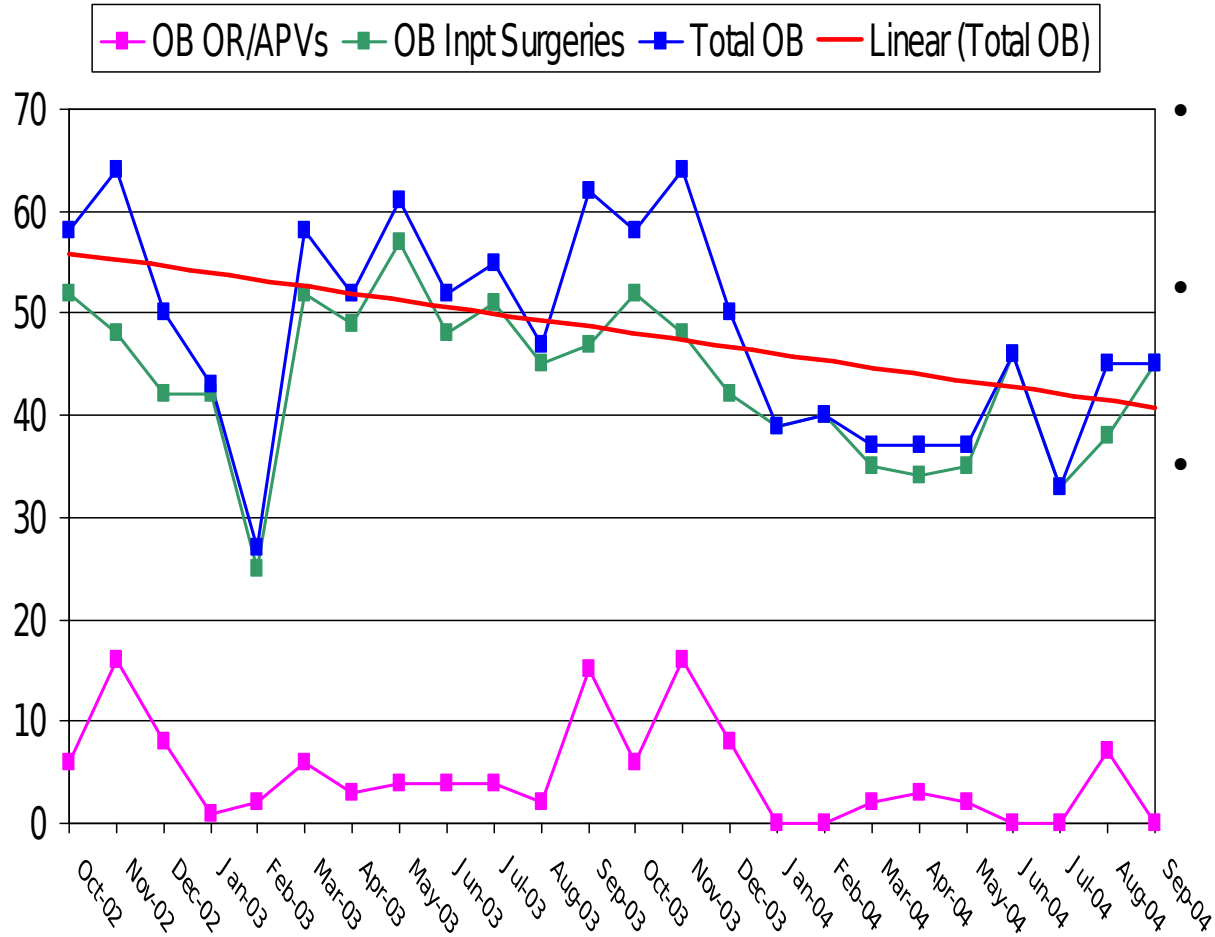
Obstetrics

Total Visits Oct 02-Jun 04



Obstetrics

Surgeries and OR/APVs Oct 02 - Sep 04

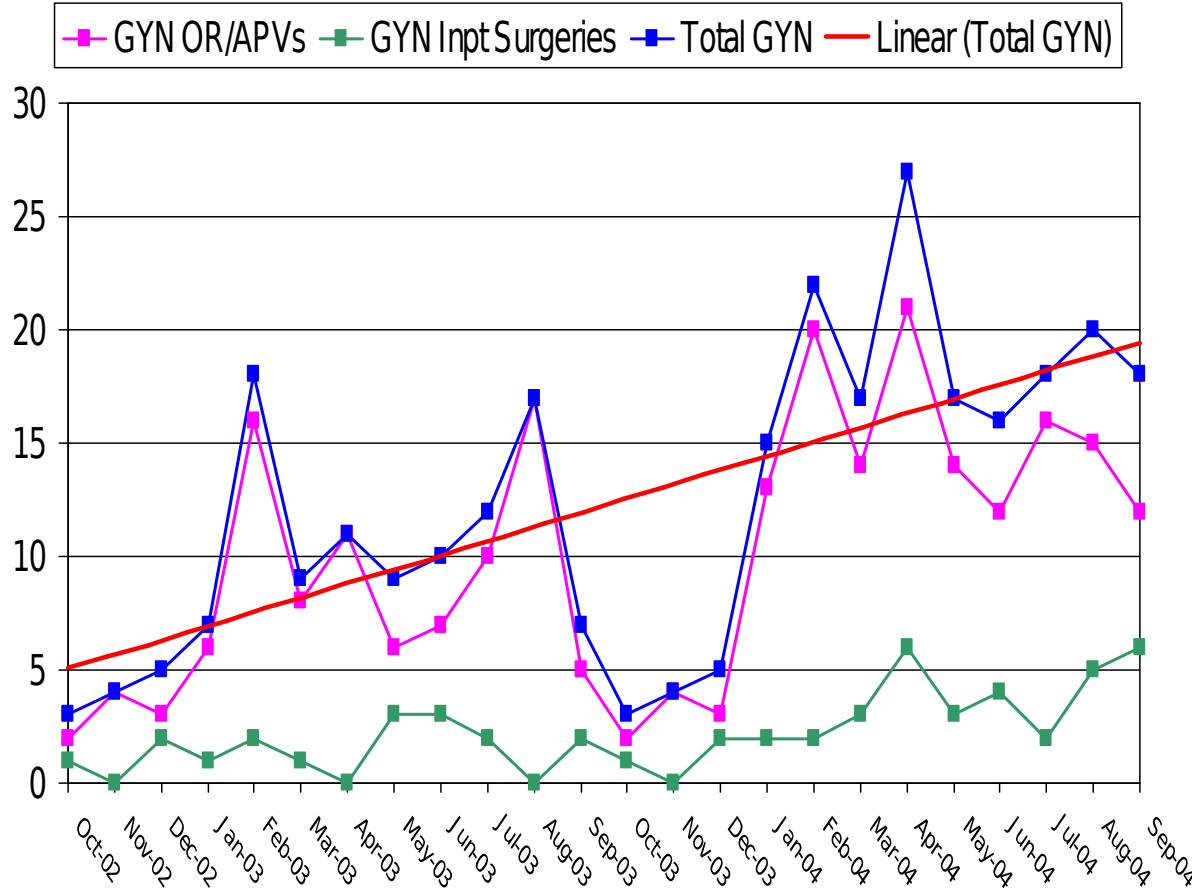


- Distribution (OR/APV to Surg)
FY03: 11%/89%
FY04: 8%/92%
- Avg # Surgeries/mo
- FY03: 46.5
- FY04: 40.6 (down 13%)
- Avg # OR/APVs/mo
- FY03: 5.9
- FY04: 3.7 (down 37%)

- Overall, the FY04 number of Obstetrics OR cases decreased 15% from FY03
- C-sections in bottom 1/3 nationwide

Gynecology

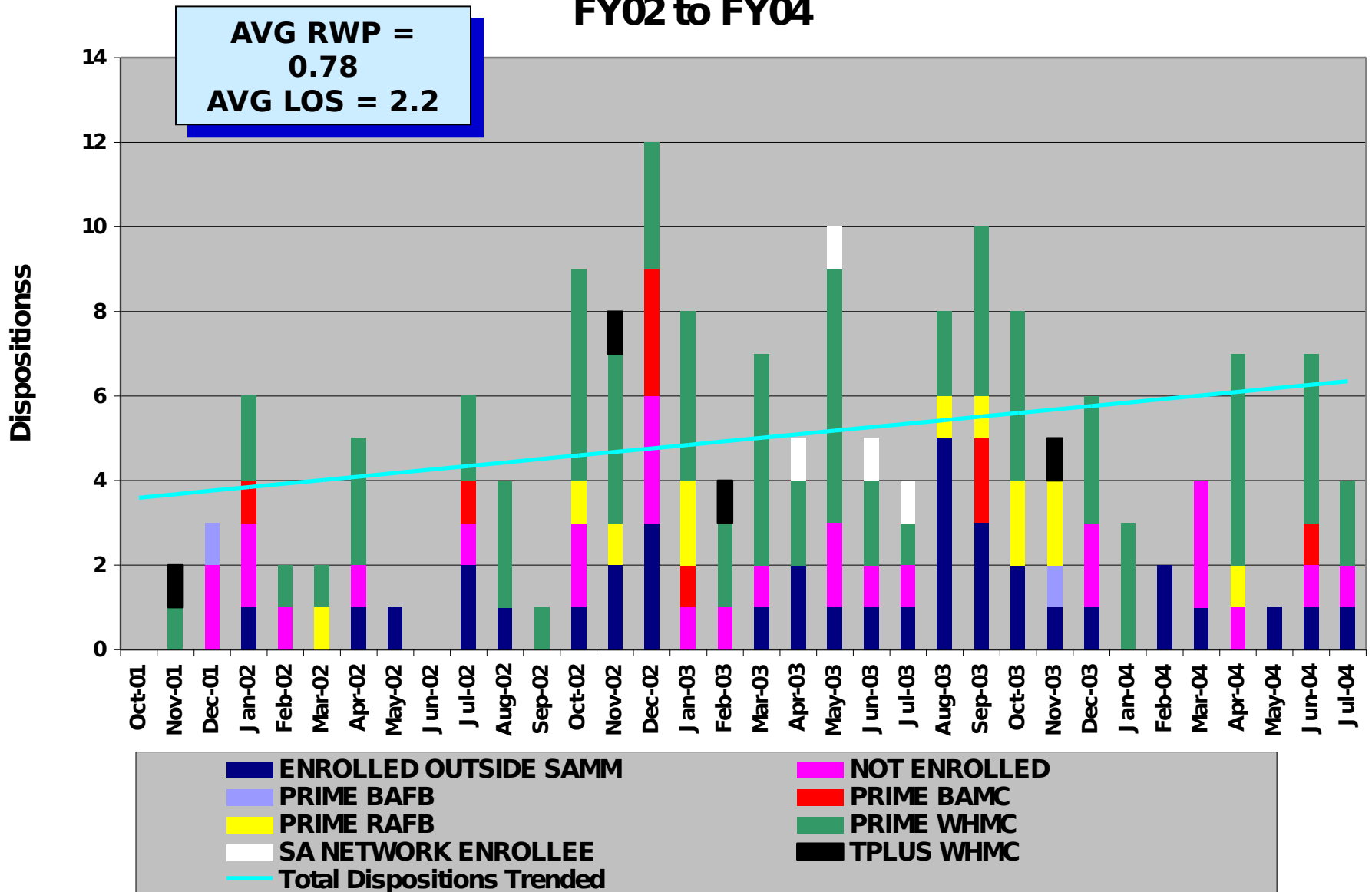
Surgeries and OR/APVs Oct 02 - Sep 04



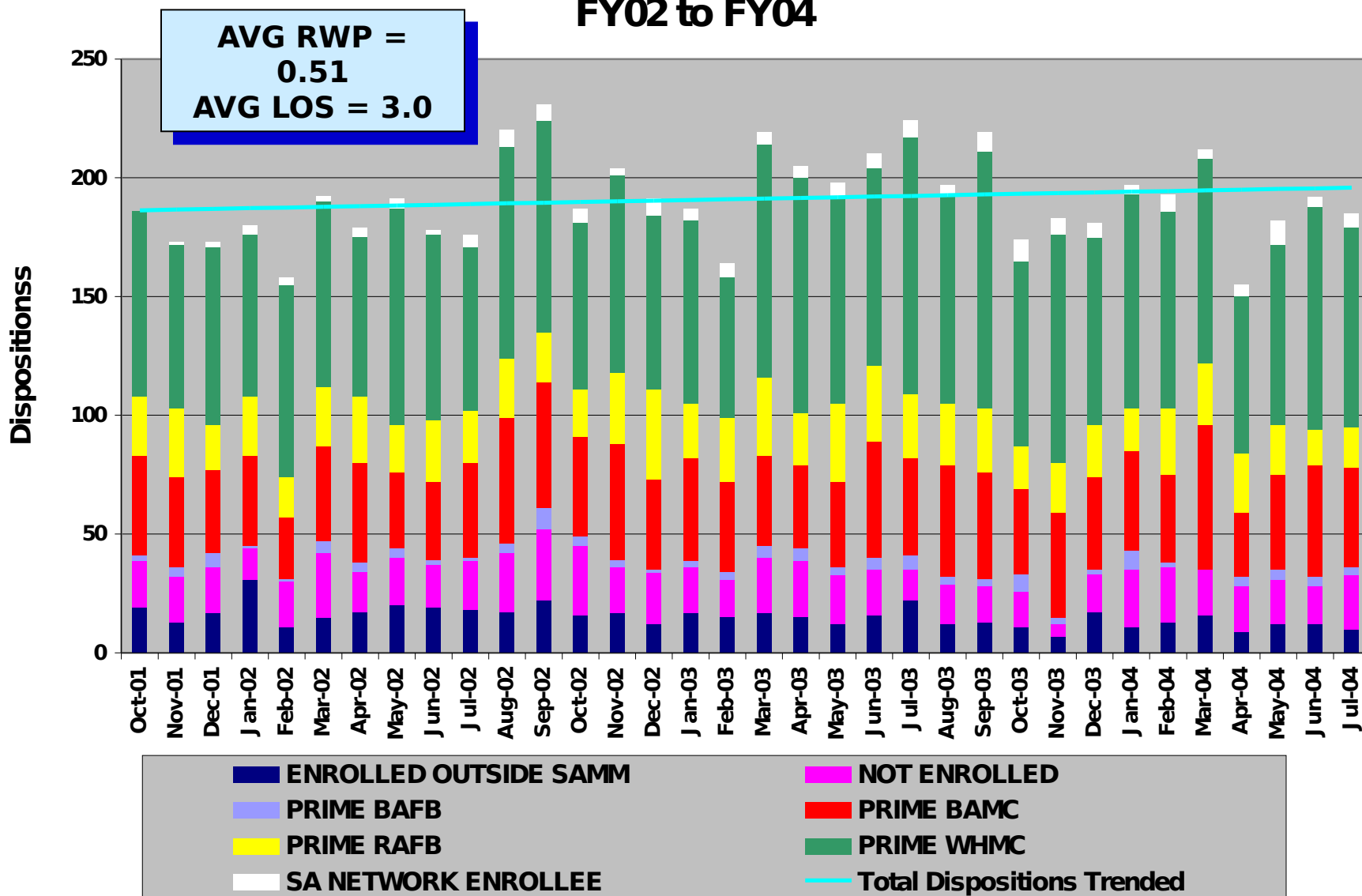
- Distribution (OR/APV to Surg)
FY03: 85%/15%
FY04: 80%/20%
- Avg # Surgeries/mo
- FY03: 1.4
- FY04: 3.0 (up 114%)
- Avg # OR/APVs/mo
- FY03: 7.9
- FY04: 12.2 (up 54%)

- Overall, the number of GYN surgical cases increased 63% overall over FY03 and IP Surg cases increased as a % of total

WHMC GYNECOLOGY Dispositions Trended FY02 to FY04

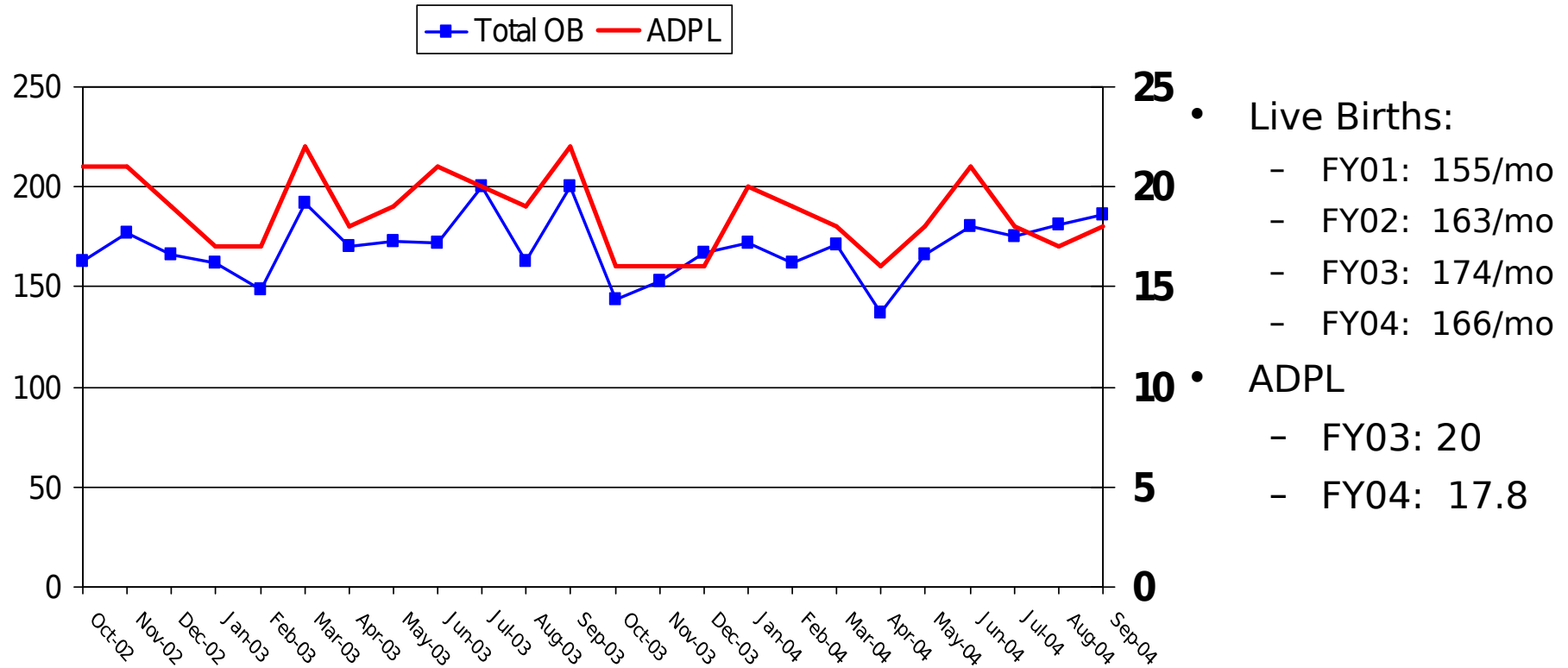


WHMC OBSTETRICS Dispositions Trended FY02 to FY04



Obstetrics

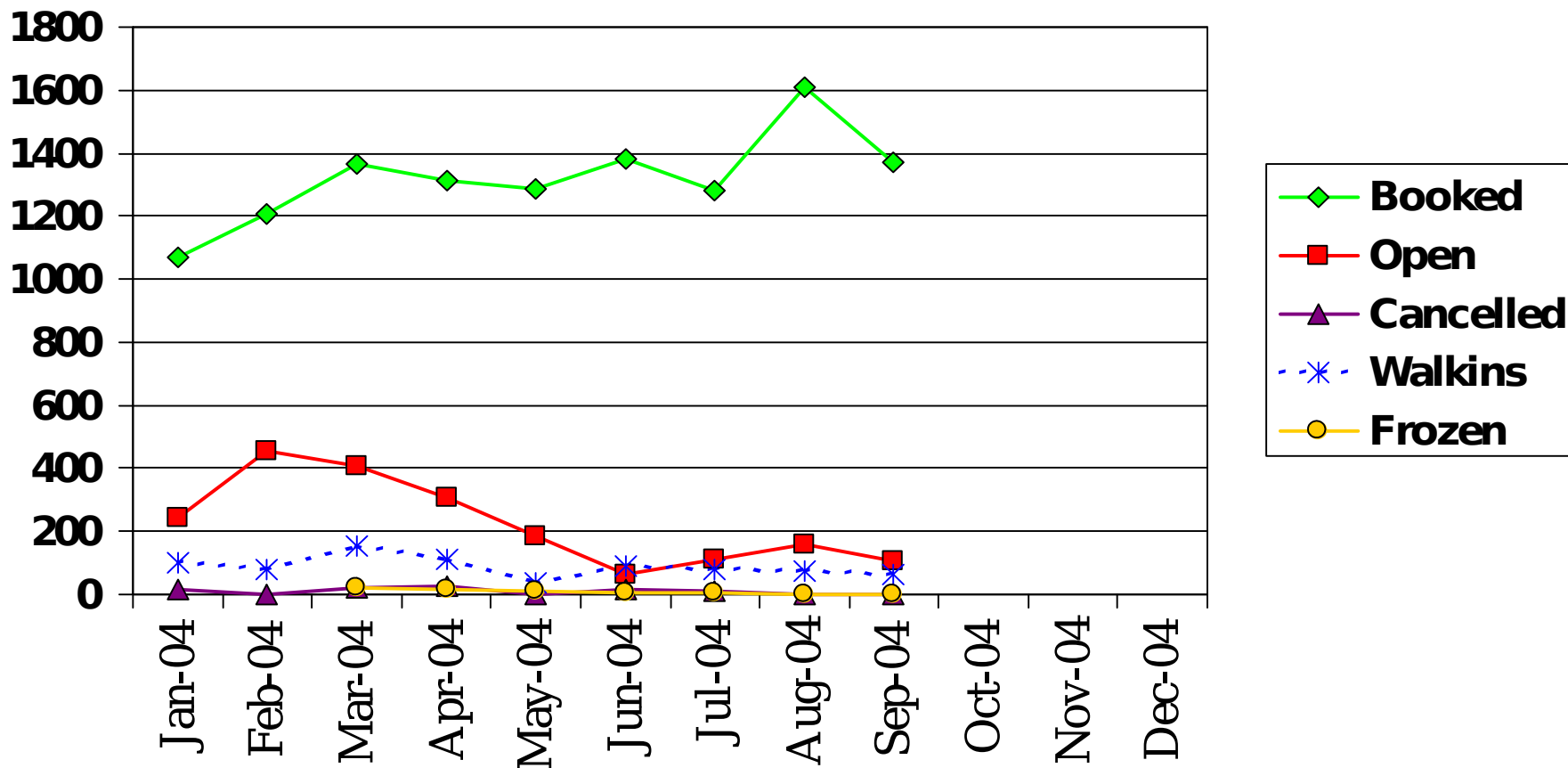
Live Births and ADPL



• FY03 Live Births high due to 3 months of very high births (Mar, Jul, and Sep)

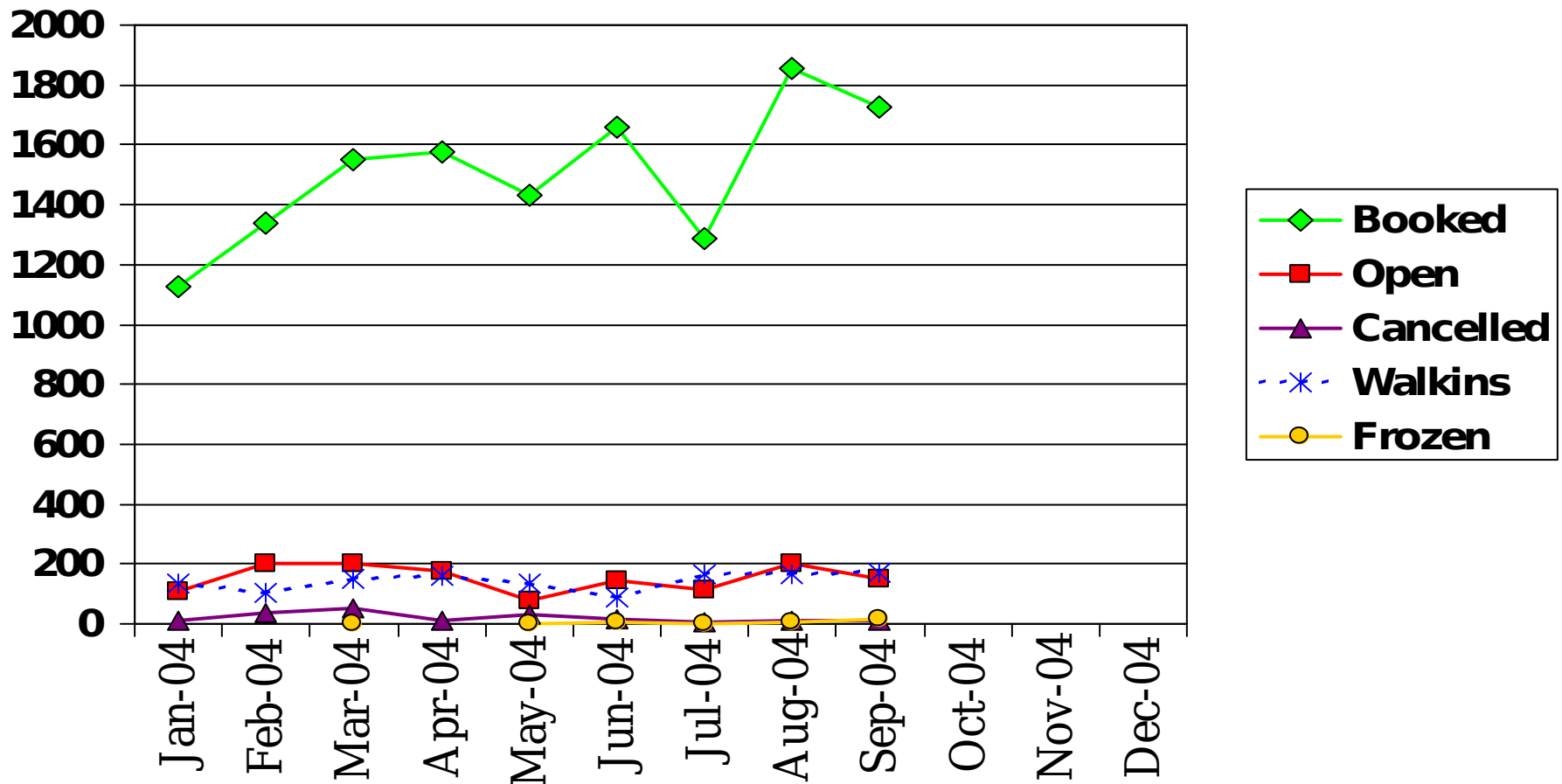
Obstetrics CY04 To Date

- 12,400 appointments annually
 - Majority of care provided at WHMC



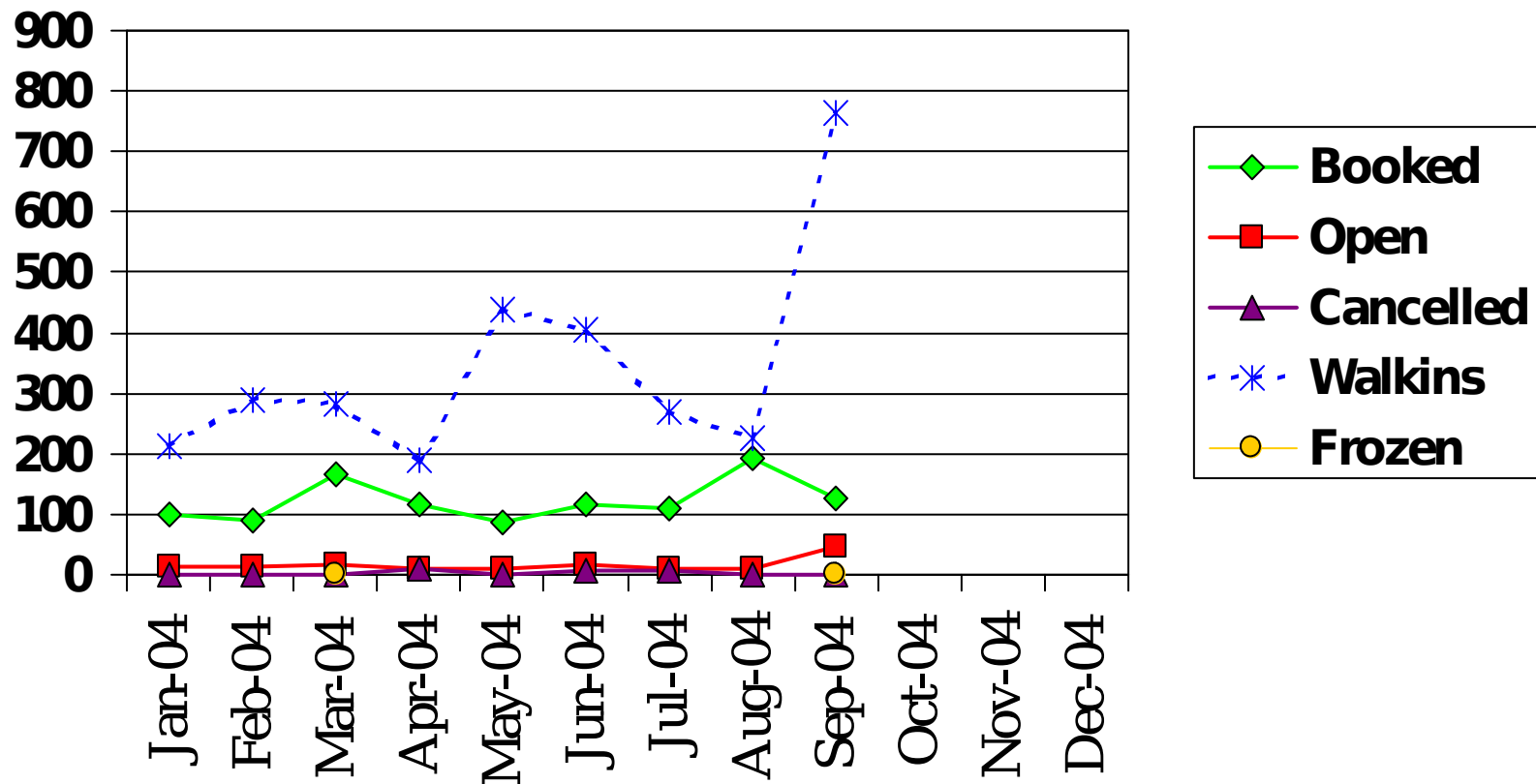
Gynecology Clinic Description

- 21,700 appointments annually
- Trend of appointment utilization since Jan 04:

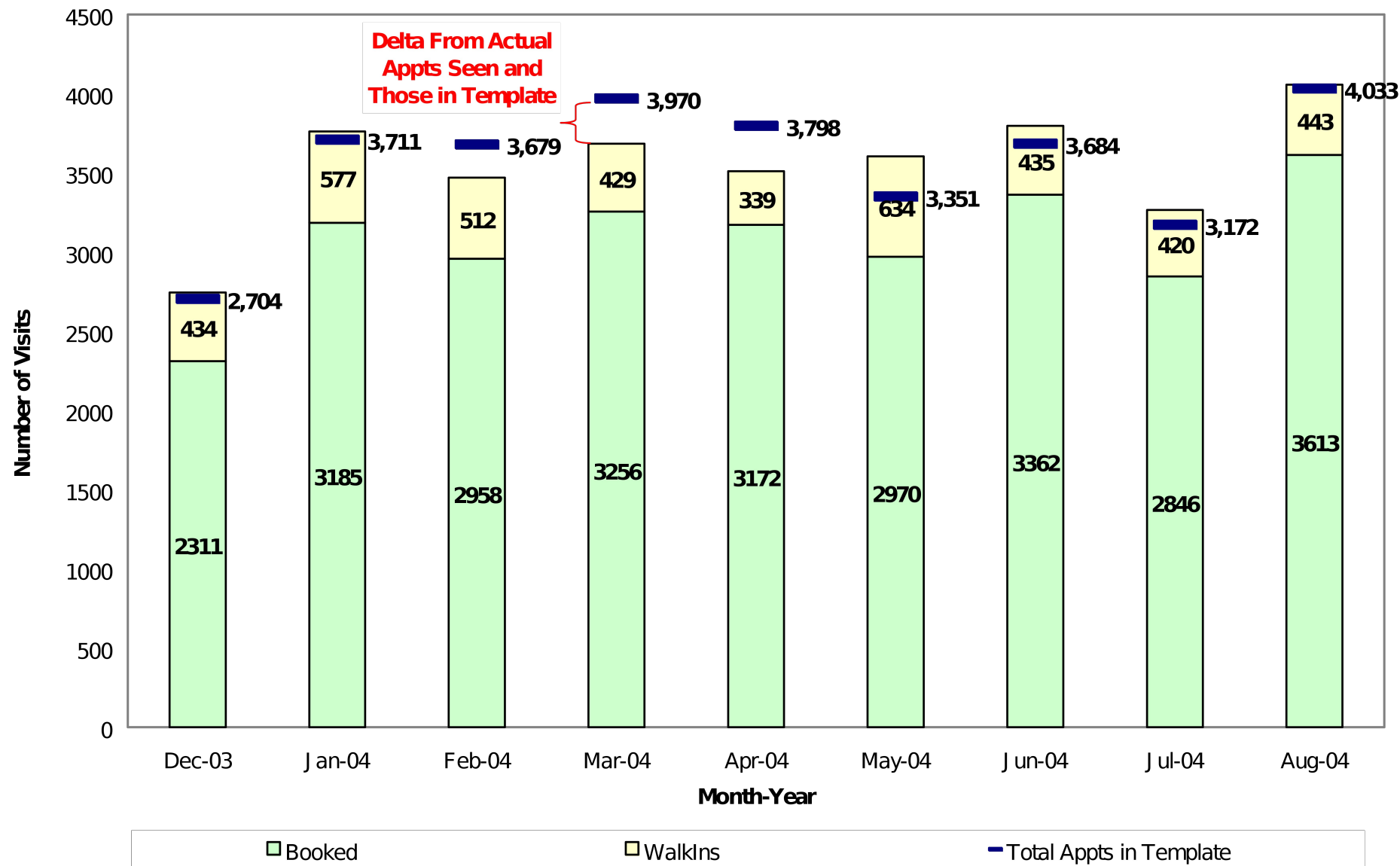


RE Clinic Description

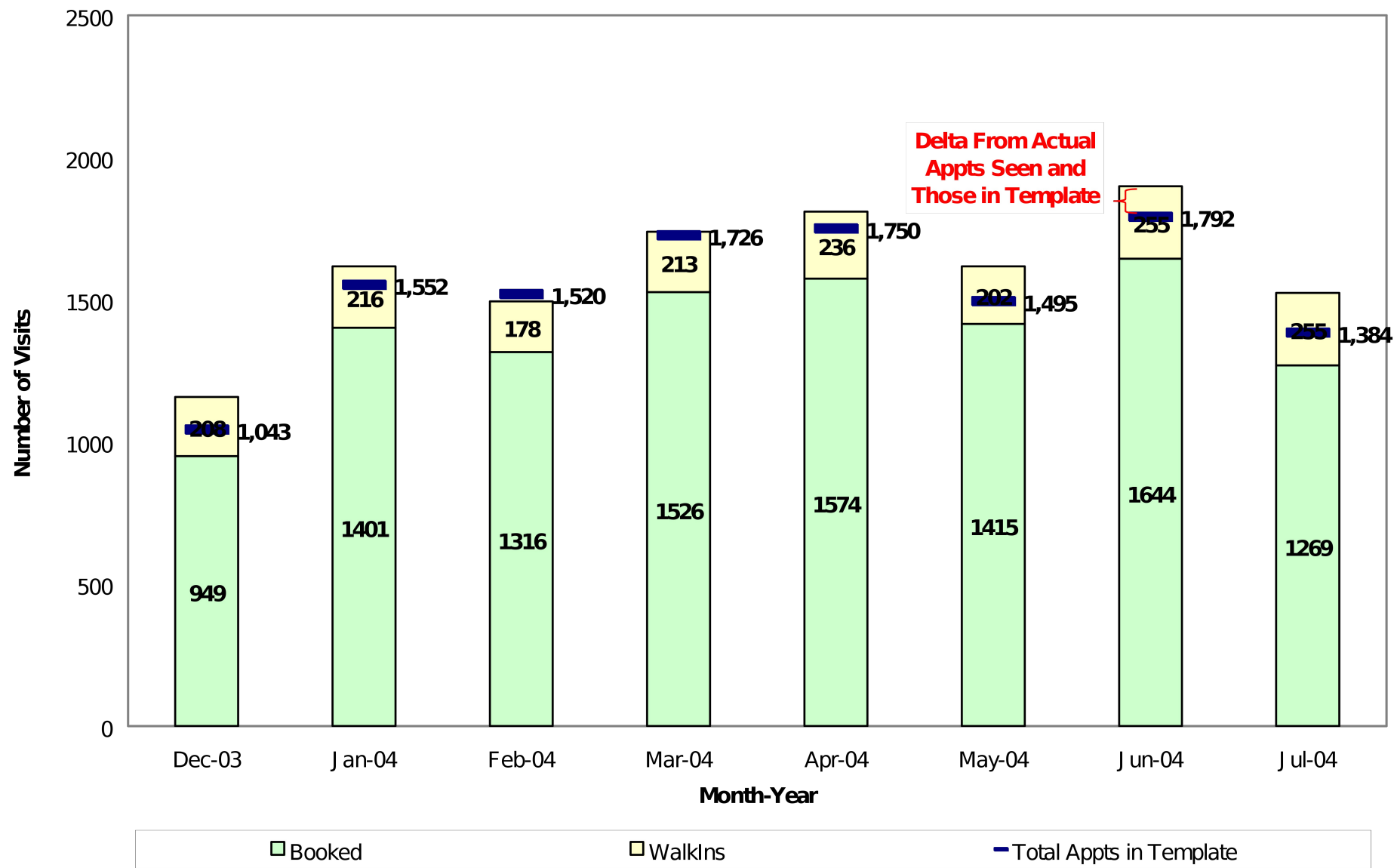
- 3850 appointments annually
- Trend of appointment utilization since Jan 04:



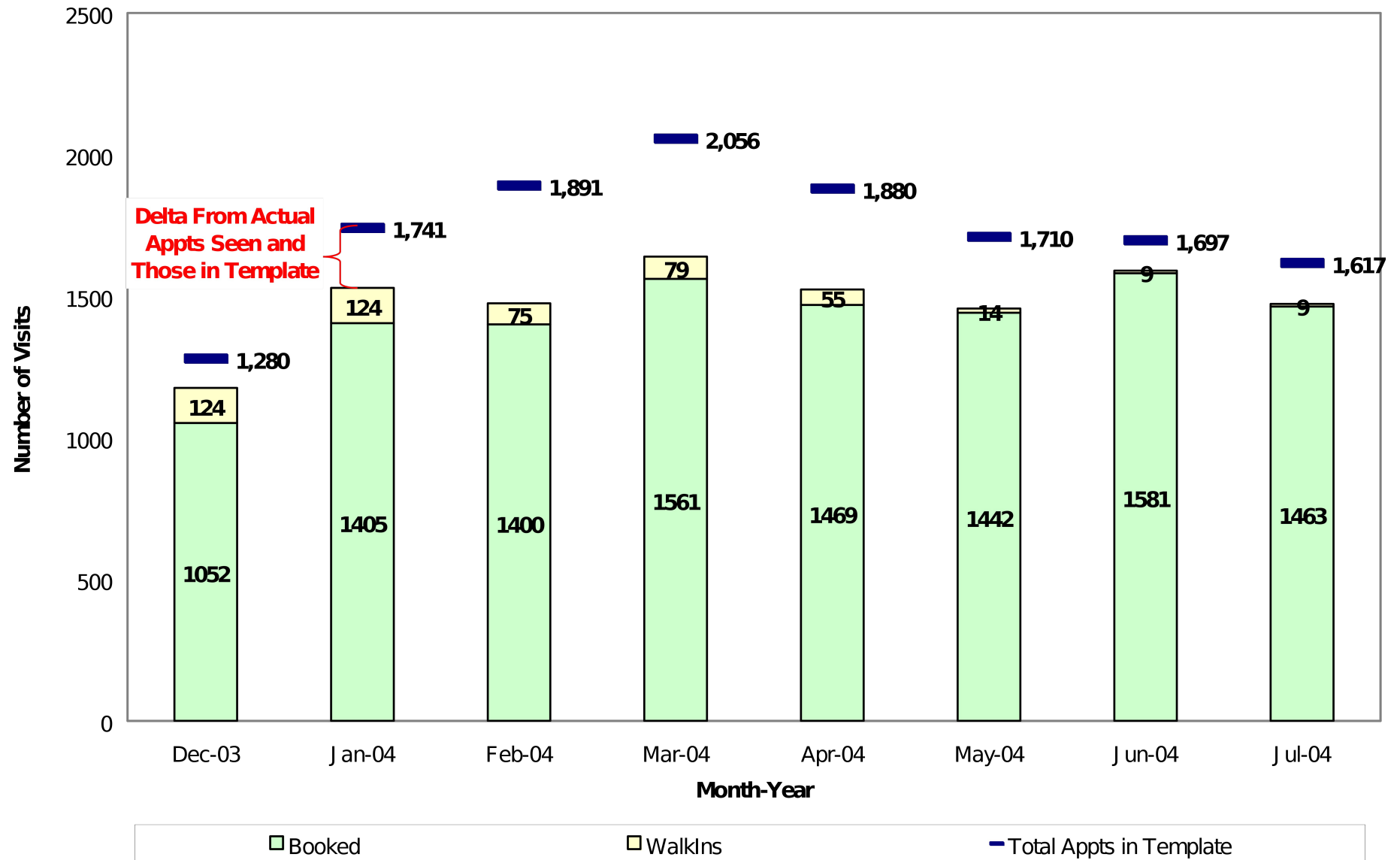
Obstetrics and Gynecology Service Line: OVERALL TEMPLATES OB/GYN WHMC



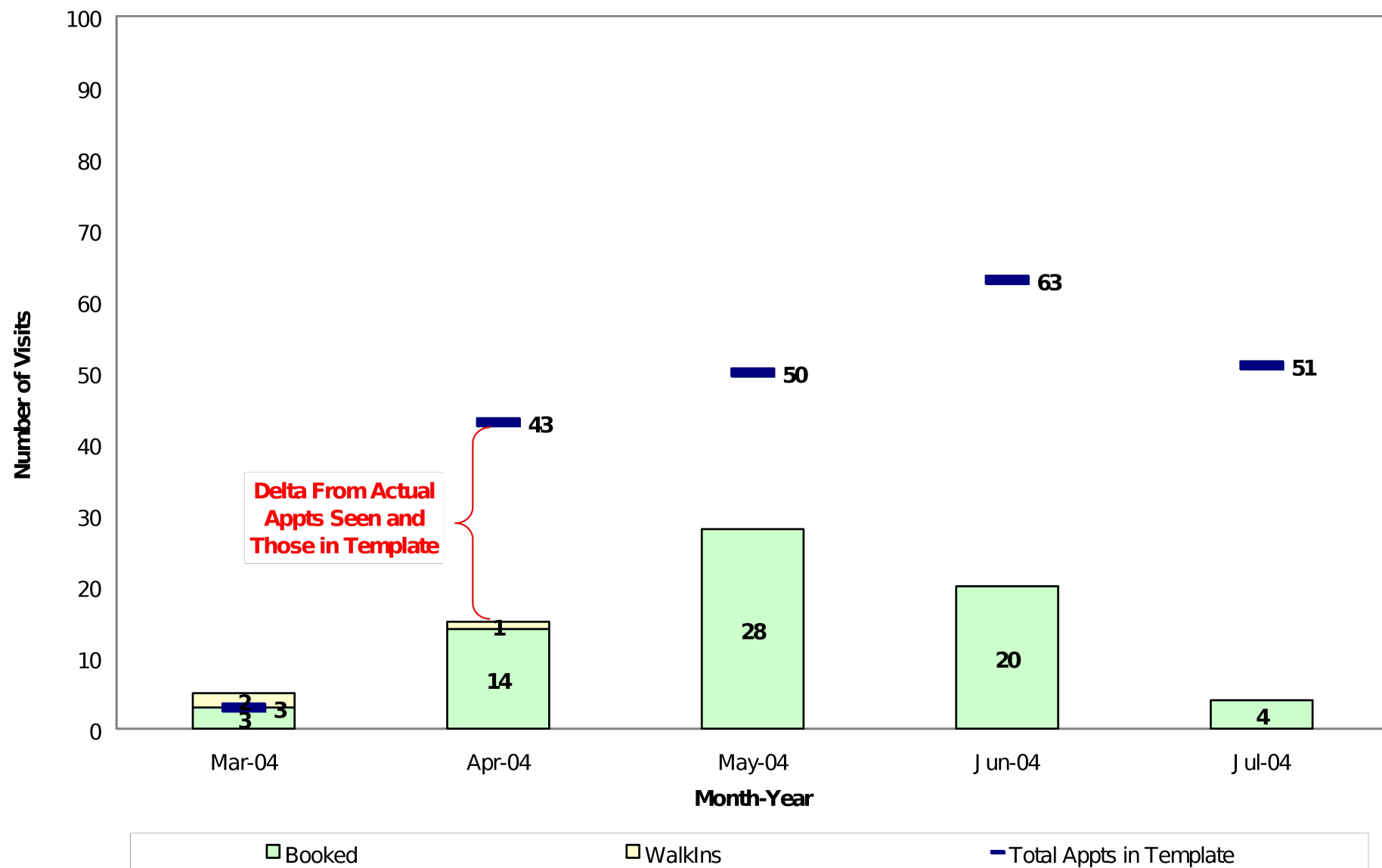
Obstetrics and Gynecology Service Line: GYNECOLOGY CLINIC, WHMC



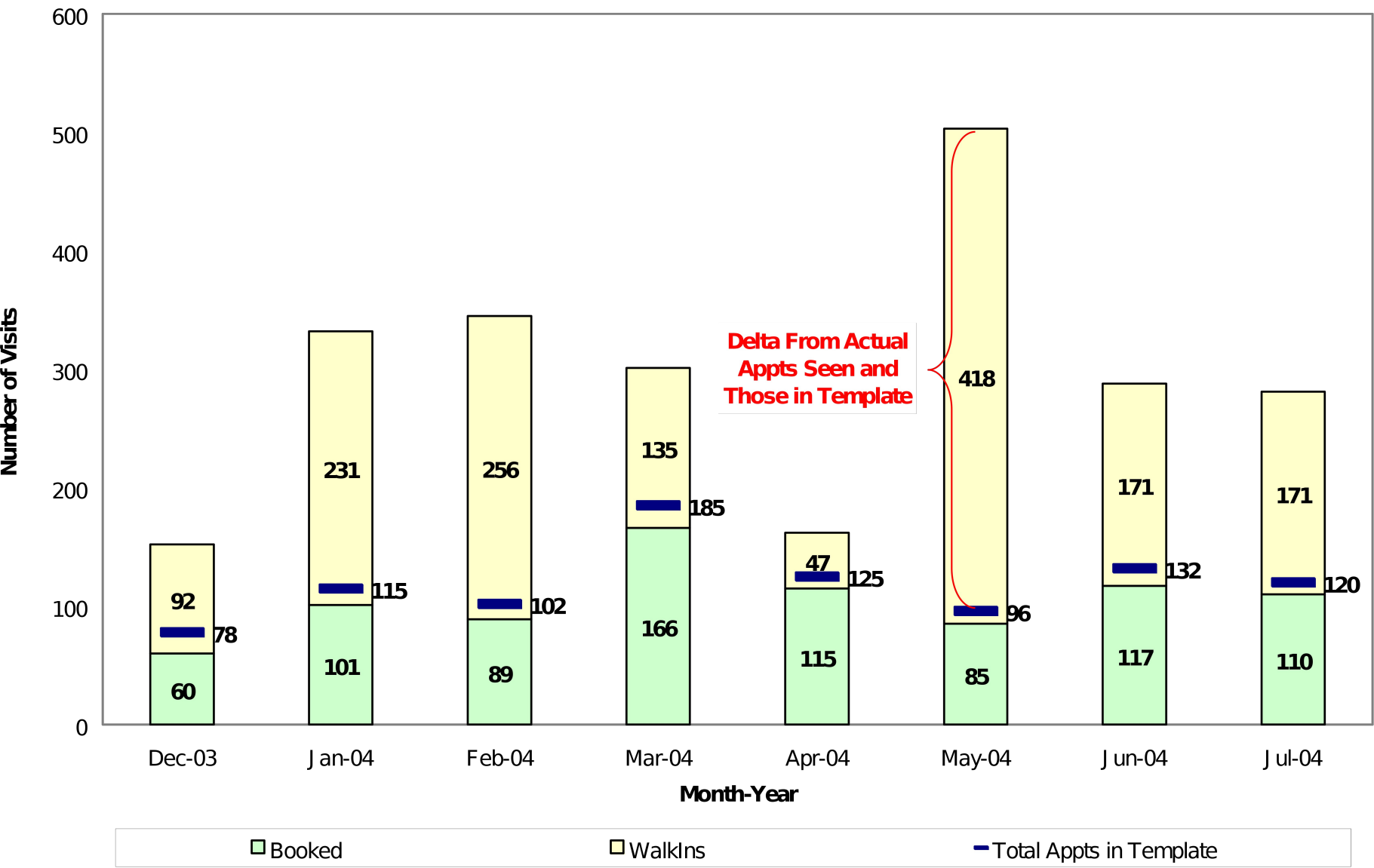
Obstetrics and Gynecology Service Line: OBSTETRICS HMO, WHMC



Obstetrics and Gynecology Service Line: OB/GYN LIFE SKILLS, WHMC



Obstetrics and Gynecology Service Line: REPRODUCTIVE ENDO,WHMC

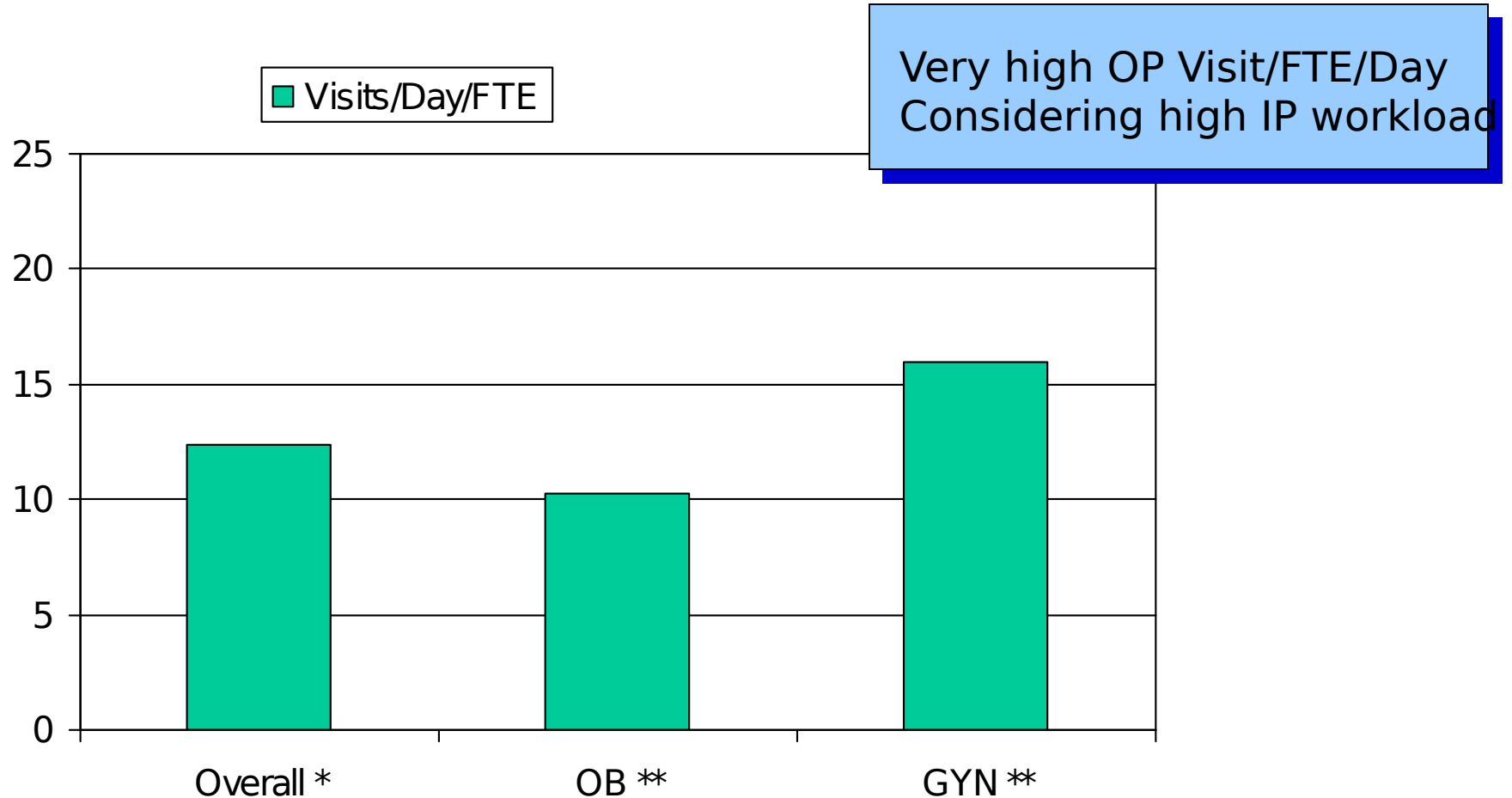


OB/GYN and Subs Template Summary

	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Total	Avg/Mo
Templated	2,704	3,711	3,679	3,970	3,798	3,351	3,684	3,172	4,093	32,162	3,574
Booked	2,311	3,185	2,958	3,256	3,172	2,970	3,362	2,846	3,613	27,673	3,075
% Booked	85%	86%	80%	82%	84%	89%	91%	90%	88%	86%	86%
Walk-ins	434	577	512	429	339	634	435	420	443	4,223	469
% Walk-ins	16%	15%	15%	12%	10%	18%	11%	13%	11%	13%	13%
Total Seen	2,745	3,762	3,470	3,685	3,511	3,604	3,797	3,266	4,056	31,896	3,544
% Overall	102%	101%	94%	93%	92%	108%	103%	103%	99%	99%	99%

OB/GYN

FY04 Current Visits/Provider/FTE



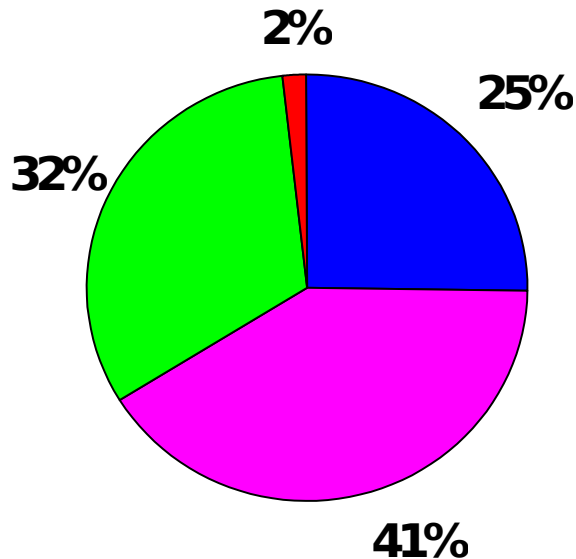
* Total Visits/17 Assigned Providers

** Specific Visits/MEPRS "Avail" Providers

OB/Gyn

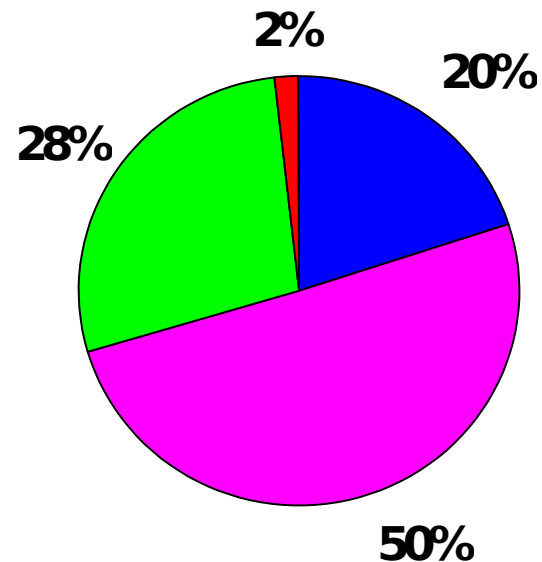
Types of Patients (Users)

■ Active Duty ■ ADFM ■ Retiree/FM ■ Other



Gynecology

■ Active Duty ■ ADFM ■ Retiree/FM ■ Other

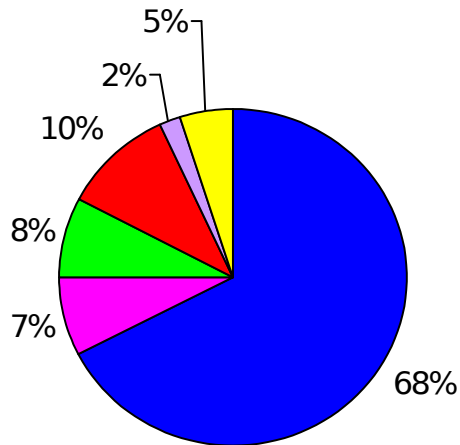
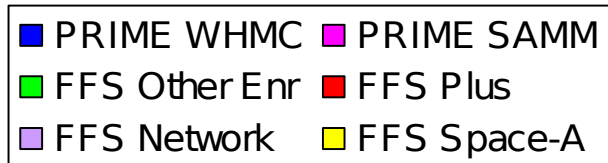


Obstetrics

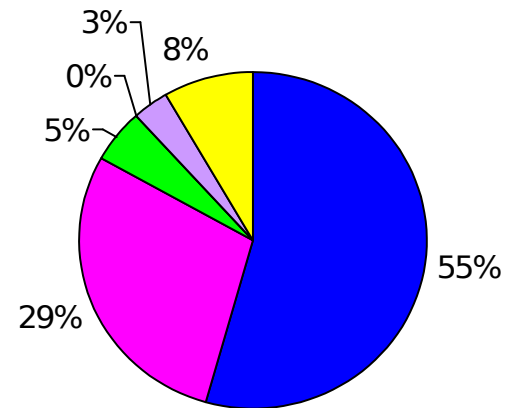
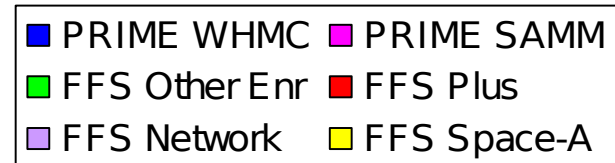
Ben Cat similar; slightly
Higher ADFMs in OB

OB/Gyn

Source of RVUs



Gynecology

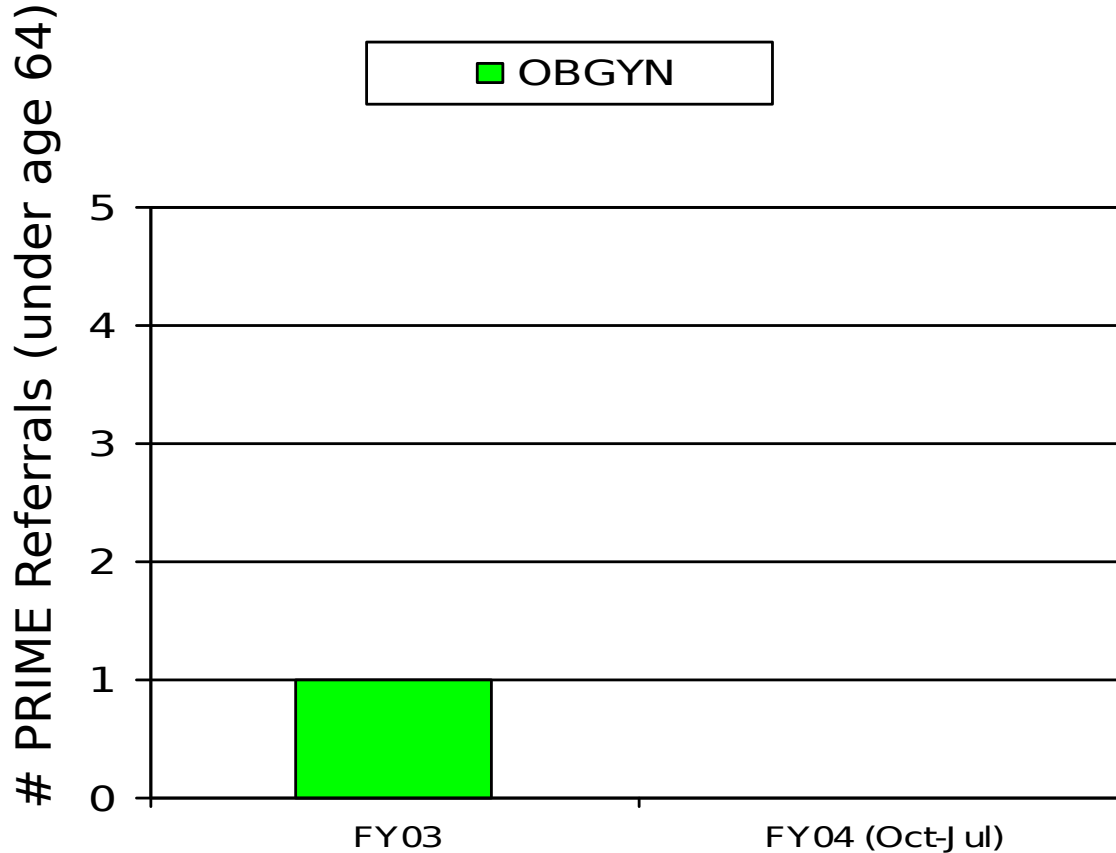


Obstetrics

GYN: 83% PRIME
OB: 89% PRIME

OB/GYN

PRIME Containment & Referrals (OP)



- None in FY04 (NAS)
- Expected increase in OB PSC use/demand Not seen to date

OB/GYN Market Share

Outpatient

Category	FY03	FY04 To Date
AD	\$ 3,624	\$ 1,951
BAMC Prime	\$ 8,056	\$ 9,991
WHMC Prime	\$ 9,328	\$ 3,396
Other MTFs	\$ 9,232	\$ 9,894
Network PRIME	\$ 33,167	\$ 29,089
Standard < 65	\$ 48,269	\$ 43,475
Total < 65	\$ 111,676	\$ 97,796

Inpatient

Category	FY03	FY04 To Date
AD	\$ 13,561	\$ 2,706
BAMC Prime	\$ 8,366	\$ 21,701
WHMC Prime	\$ 9,393	\$ 3,061
Other MTFs	\$ 16,128	\$ 11,076
Network PRIME	\$ 18,413	\$ 22,094
Standard < 65	\$ 22,964	\$ 60,307
Total < 65	\$ 88,825	\$ 120,945

- WHMC and BAMC have approximately **97%** of the market share (FY03 Data)
 - WHMC CMAC: \$2.6M (OB) + \$1.4M (GYN) = \$4.0M
 - BAMC CMAC: \$.129M (OB) + \$1.6M (GYN) = \$1.73M

OB/GYN

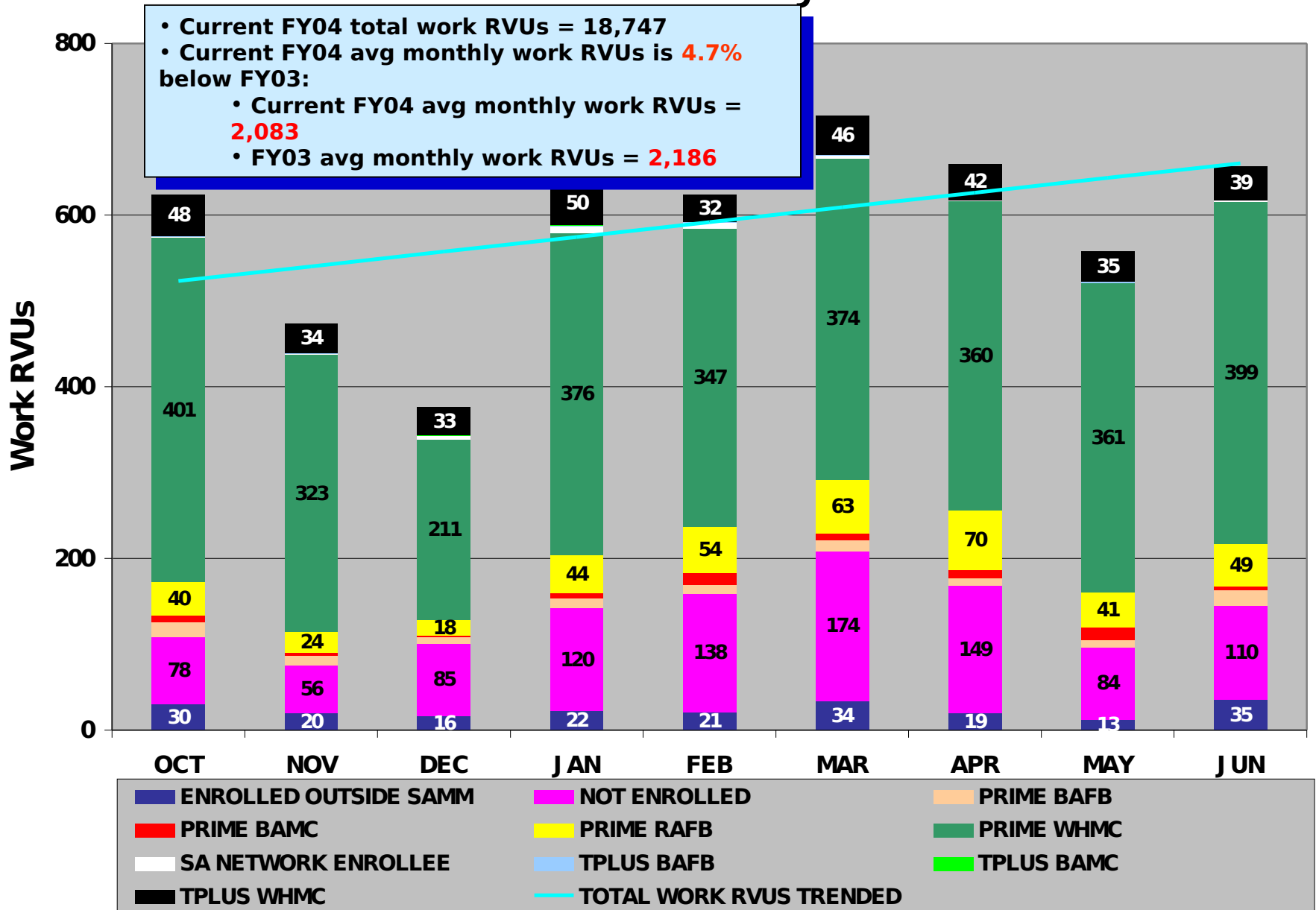
Coding Analysis

- Coder Situation: 1 coder (outpatient; new)
- Data Quality* (Goal: 90% or more)
 - OB
 - ICD9: 100%
 - CPT: 94%
 - E&M: 88%
 - GYN
 - ICD9: 99%
 - CPT: 99%
 - E&M: 100%

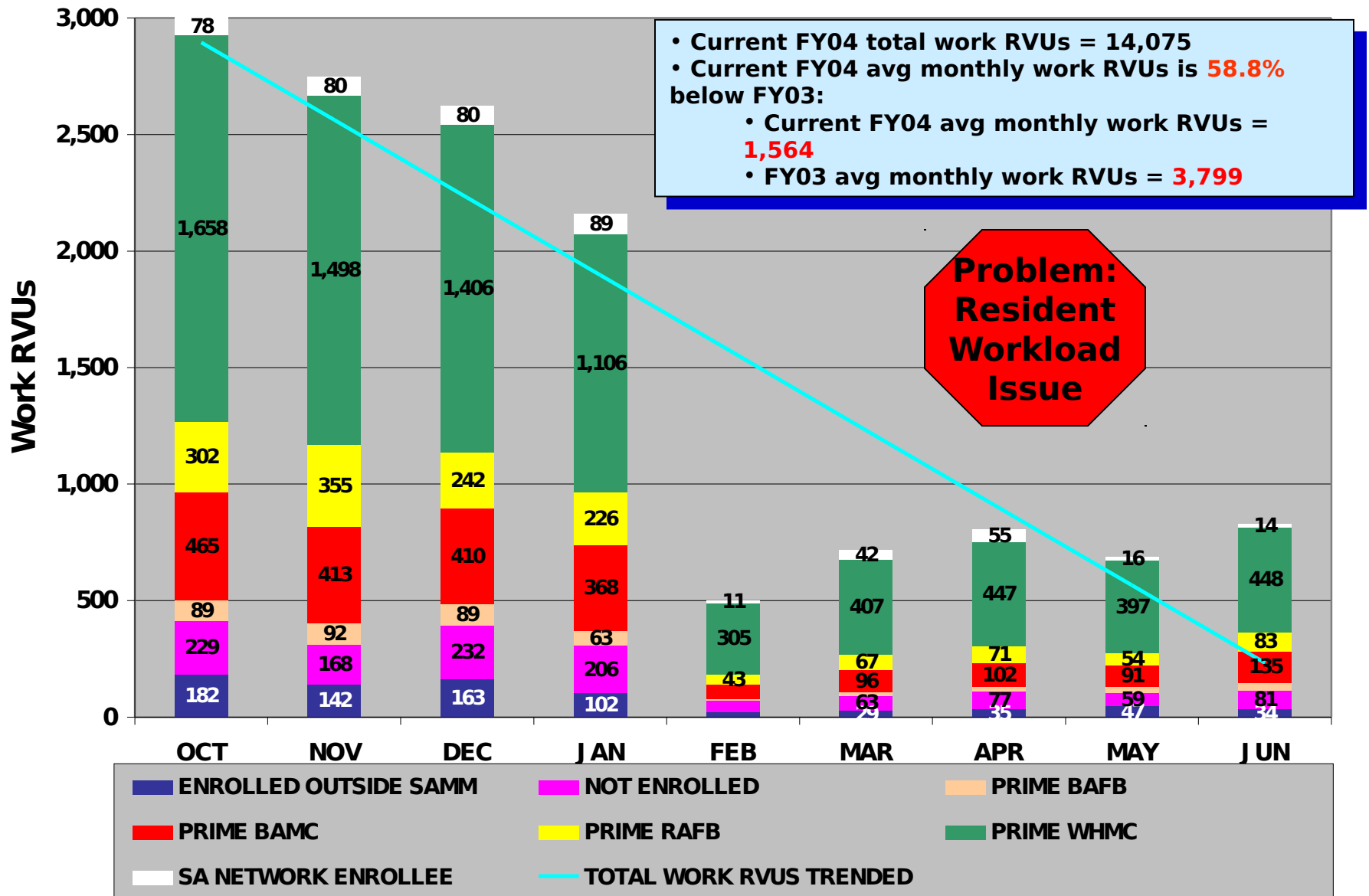
- May 04 Audit
- Meeting AFMSA Standard in all areas but OB E&M

Gynecology Direct Outpatient Care Work

RVUs Oct 04 - Jun 04

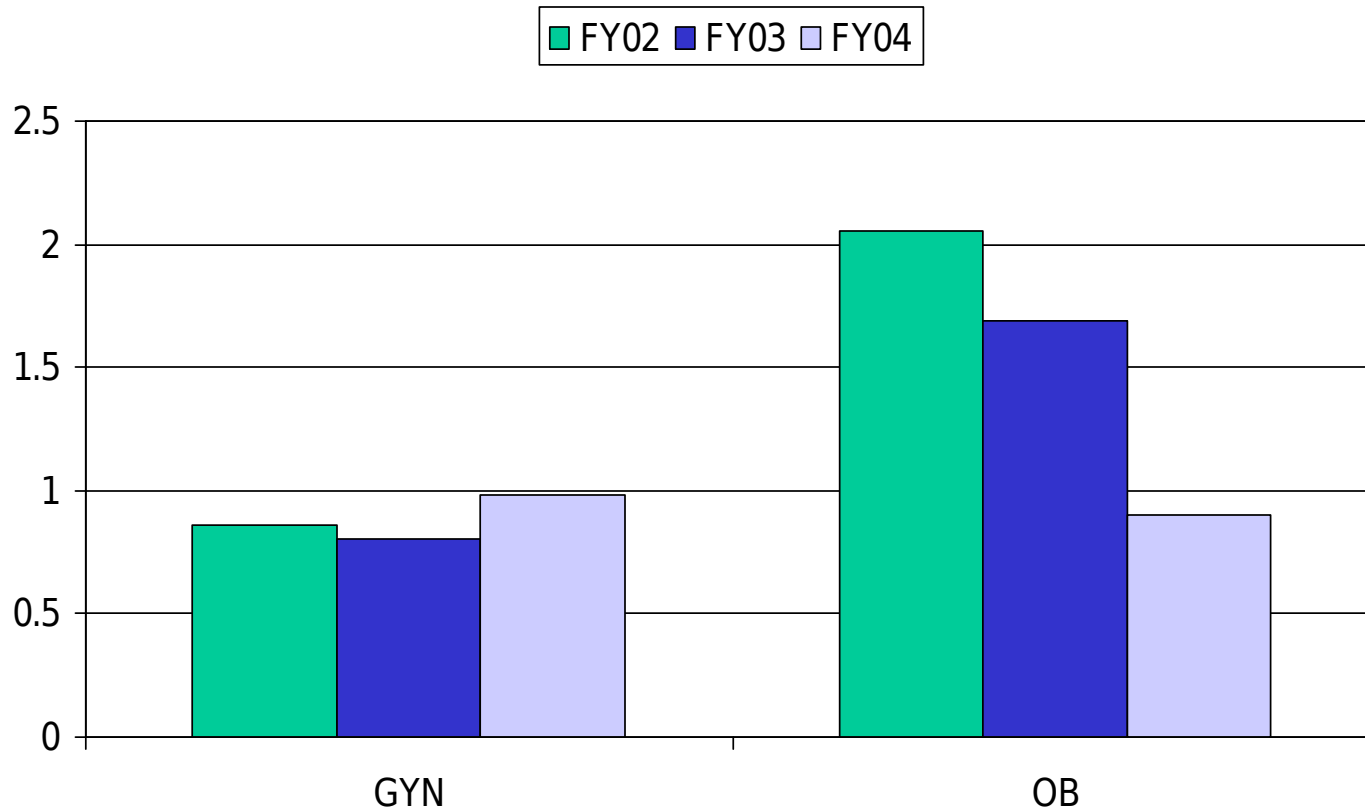


Obstetrics Direct Outpatient Care Work RVUs Oct 04 - Jun 04



OB/GYN

RVU/Visit (FY02 to FY04)



- Large Drop in OB due To resident coding issue

OB/GYN

Business Plan Performance Oct-Jun 04

RVUs	FY02	FY04	Diff	\$ Implications
IHC	33,803	20,353	(13,450)	\$ 995,287
Other DC	5,704	4,253	(1,451)	\$ 107,372
PSC	207	123	(84)	\$ 6,216
Total PRIME	39,714	24,729	(14,985)	\$ 1,108,875
FFS OE	19,540	7,601	(11,940)	\$ (883,525)
FFS SA	8,116	2,940	(5,176)	\$ (383,034)
FFS Plus	1,487	1,927	440	\$ 32,587
Total FFS	29,143	12,468	(16,675)	\$ (1,233,971)

RWPs	FY02	FY04	Diff	\$ Implications
IHC	352.7	361.1	8.3	\$ (50,040)
Other DC	119.0	108.9	(10.1)	\$ 60,540
Total PRIME	471.7	470.0	(1.7)	\$ 10,500
FFS OE	386.7	340.4	(46.2)	\$ (277,320)
FFS SA	102.3	107.4	5.1	\$ 30,360
FFS Plus	1.3	1.0	(0.3)	\$ (1,860)
Total FFS	490.2	448.8	(41.5)	\$ (248,820)

Outpatient

Prime: +\$1,109K

FFS: -\$1,234K

Total: -\$125K

Inpatient

Prime: \$10.5K

FFS: -\$249K

Total: -\$238K

OB/GYN

New FY05 BP Targets vs. Current

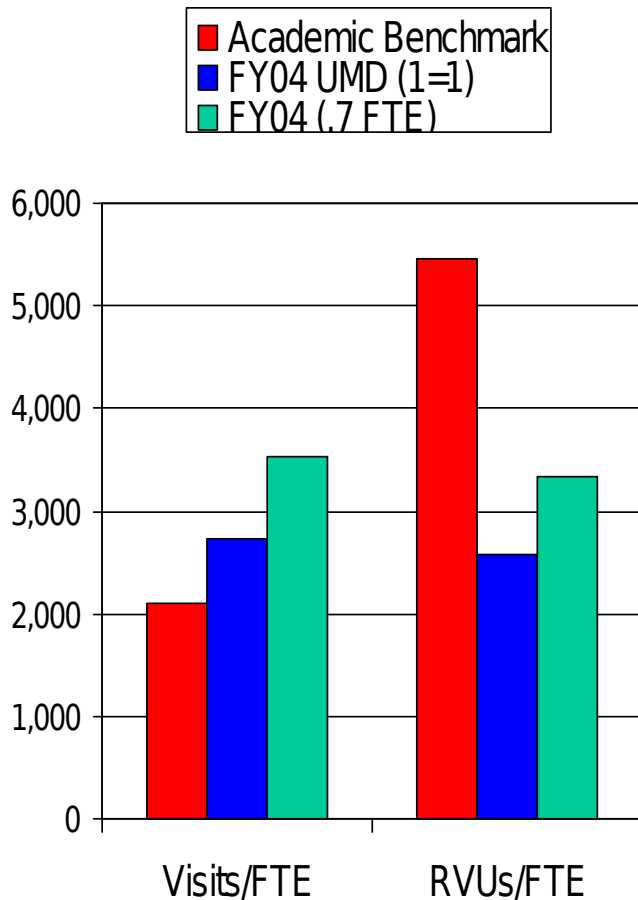
- OB/GYN targets will be calculated based on:
 - FY03 LOE as starting point
 - Less/Plus Increased Enrollment/Mobility Taskings/Renovations

RVUs	FY03	FY04	Diff	\$ Implications
IHC	24,345	20,353	(3,992)	\$ 295,380
Other DC	4,795	4,253	(542)	\$ 40,135
PSC	207	123	(84)	\$ 6,216
Total PRIME	29,347	24,729	(4,618)	\$ 341,731
FFS OE	16,754	7,601	(9,153)	\$ (677,326)
FFS SA	6,329	2,940	(3,389)	\$ (250,810)
FFS Plus	1,434	1,927	493	\$ 36,518
Total FFS	24,517	12,468	(12,049)	\$ (891,618)
RWPs	FY03	FY04	Diff	\$ Implications
IHC	404.52	361.05	(43.47)	\$ 260,820
Other DC	149.20	108.90	(40.30)	\$ 241,800
Total PRIME	553.72	469.95	(83.77)	\$ 502,620
FFS OE	416.82	340.44	(76.38)	\$ (458,280)
FFS SA	132.16	107.35	(24.81)	\$ (148,860)
FFS Plus	1.93	0.96	(0.97)	\$ (5,820)
Total FFS	550.91	448.75	(102.16)	\$ (612,960)

**Estimate
Only:**

OB/GYN

Benchmark Comparison per FTE

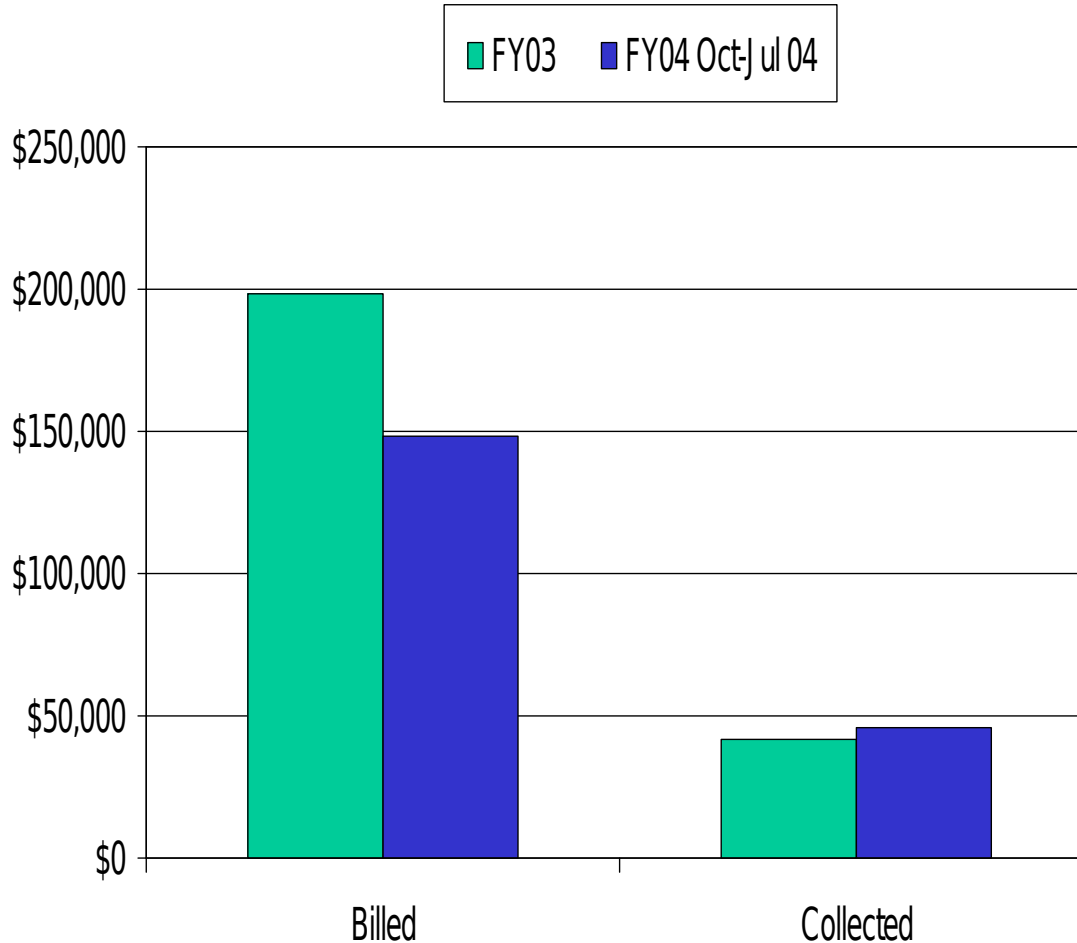


	Assigned UMD	1 AD = .7 FTE
#FTEs	17	13.1
Proj FY04 Visits*	46,313	46,313
Proj FY04 Visits/FTE	2,724	3,535
Academic Benchmark (visits/FTE)	2,099	2,099
% Compared to Acad. Benchmark	130%	168%
FY04 RVUs (Proj)	43,764	43,764
RVU/Visit	0.94	0.94
RVU/FTE	2,574	3,341
Academic Benchmark (RVU/FTE)	5,467	5,467
% Compared to Acad. Benchmark	47%	61%

- OB coding issue cost a projected 12.7K RVUs in FY04 or \$1.02M. RVU/FTE would have been 4,343 RVUs/FTE or closer to academic benchmark of 5,467
- PP Avg 2.6 RVU/Visit

OB/GYN

Reimbursements FY03 vs. FY04



- Bill to Collection Ratio
 - FY03: 0.22
 - FY04: 0.31
- Billing Rate
 - FY03: \$16.6K/mo
 - FY04: \$13.5K/mo
 - (down 19%)

→ \$46K collected
As of 31 Aug 04


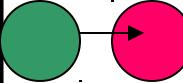





OB/GYN Customer Satisfaction










- DoD Customer Satisfaction Survey

Gynecology	FY02	FY03	FY04
Overall Satisfaction	63.9%	90%	95.70%
Satisfaction with Medical Care	86.1%	90%	100%
Obstetrics	FY02	FY03	FY04
Overall Satisfaction	78.6%	75%	89.90%
Satisfaction with Medical Care	76.6%	87.6%	100%

OB/GYN Customer Satisfaction higher
than overall 59 MDW Average

OB/GYN Stoplights

Area Reviewed	
Health of GME Program	
Manpower/Staffing	
Access to Care (Specialty Care)	
Use of Templated Appointments	
Visits over Time (02 to 04 trend)	
PRIME Containment	
Market Share	

Area Reviewed	
RVU/Visit over time (OB/GYN)	 
Data Quality	
WHMC OB/GYN vs. Civ Benchmarks	 
Direct Care RVU Workload Credit (OB)	
BP Performance Oct-Jun 04	
BP Performance (FY05)	
Customer Satisfaction	

OB/Gyn Department Opportunities for Improvement

- Insufficient personnel
 - Loss of 50% of providers in June/July 2005
 - Loss of 18 % of total staff projected
- Coding compliance
 - Gyn: 61% timeliness, 77% completeness
 - OB: 63% timeliness, 66% completeness
- Walk-ins
 - Gyn: Average 141/month
 - OB: Average 87/month
 - RE: Average 244 out of cycle/537 in cycle
- Space available patients seen in clinics
 - OB: 5%; Gyn 7%

OB/Gyn Department

Current Initiatives/Suggestions

- Personnel – additional briefing planned
 - LVNs and ultrasound tech (SCO initiative) have tremendously improved and stabilized clinic provider productivity
 - 4As short and will continue to be; request more administrative support
 - Senior MSC recommended by consulting firm
- Walk-ins
 - OB: Secretary to put scheduled patients in CHCS
 - RE: Develop group appointment for morning infertility scans

OB/Gyn Department

Current Initiatives/Suggestions (con't)

- Coding compliance
 - OB coder to change providers – education
 - OB charts in Gyn clinic to be taken to OB coder
 - Charts of patients seen in triage/antepartum testing to be placed in central location for coder pick-up
 - Admissions of OB patients to be tracked for chart return
 - Charts leaving with patients to RAFB/BAMC need to be copied – request copier in OB clinic

OB/Gyn Department

Current Initiatives/Suggestions

(cont)

- Space A patients
 - May need to eliminate Space A if staffing continues to decrease
 - If Space A is eliminated, will have an impact on GME (decreases surgical availability)
 - Continue tracking Space A utilization and affects on Prime availability

OB/GYN

Next Steps

- Step 2
 - Follow-up: 23 Nov at 1430 (tentative)
- Step 3
 - Projected WHMC/BAMC Brief: Dec 04



Integrity - Service - Excellence

Back-up Slides

Obstetrics/Gynecology Department Description

- San Antonio Consortium Agreement
 - WHMC is sole MTF for deliveries
 - BAMC performs the majority of Gyn surgeries
- Over 40,000 outpatient visits and admissions per year
- GME program
- Four subspecialties within WHMC/BAMC: Maternal-Fetal Medicine (MFM), Reproductive Endocrinology (RE), Gyn Oncology, and Urology/Gyn.

OB/GYN Provider Staffing

	Authorized				Assigned				
Providers	Military	GS	Contract	Total	Military	GS	Contract	Total	%
45G3 (General)	5	0	0	5	5	0	0	5	100%
45G3A (RE)	2	0	0	2	2	0	0	2	100%
45G3D (MFM)	3	0	0	3	2	0	0	2	67%
Residents	24	0	0	24	24	0	0	24	100%
46N3A (NP)	4	0	4	8	4	0	4	8	100%
TOTAL	38	0	4	42	37	0	4	41	98%

- **One MFM is serving as the squadron commander**
- **An additional RE provider is an Army physician**
- **One physician is commuting to Randolph one day a week to assist with OB care**
- **All generalists commute between WHMC and BAMC**

Auxiliary staffing

- Outpatient Clinics

	Authorized				Assigned			
Support Staff	Military	GS	Contract	Total	Military	GS	Contract	Total
4AO	9	5	1	15	6 (2)	4	1	11(2)
4NO	14	2	4	20	16 (1)	2	4*	22 (1)
46N3	4	2	0	6	4	2	0	6
Secretaries	0	2	0	2	0	1	0	1
U/S tech	0	0	0	0	0	0	1*	1
TOTAL	27	11	5	43	26 (3)	9	6	41(3)

Parentheses: deployed or matrixed

* Specialty care optimization funds

OB/Gyn Residency GME Program Status

- Integrated Residency Program - Yes
 - 3 AF Starts per Year/3 Army start per year
 - 11 Total AF Residents/13 Total Army Residents
 - Total 24 Residents in Integrated Program
- RRC Status: 4-year accreditation:
 - Last inspection Nov 01
 - Accreditation date 17 Jan 02
- Overall Program Health: (Good)
 - 100% Oral board certification pass rate past 8 years
 - 98% on-time graduation
 - Scores: CREOG in training exam top 15% nationwide 2003 (increased every year past 7 years)

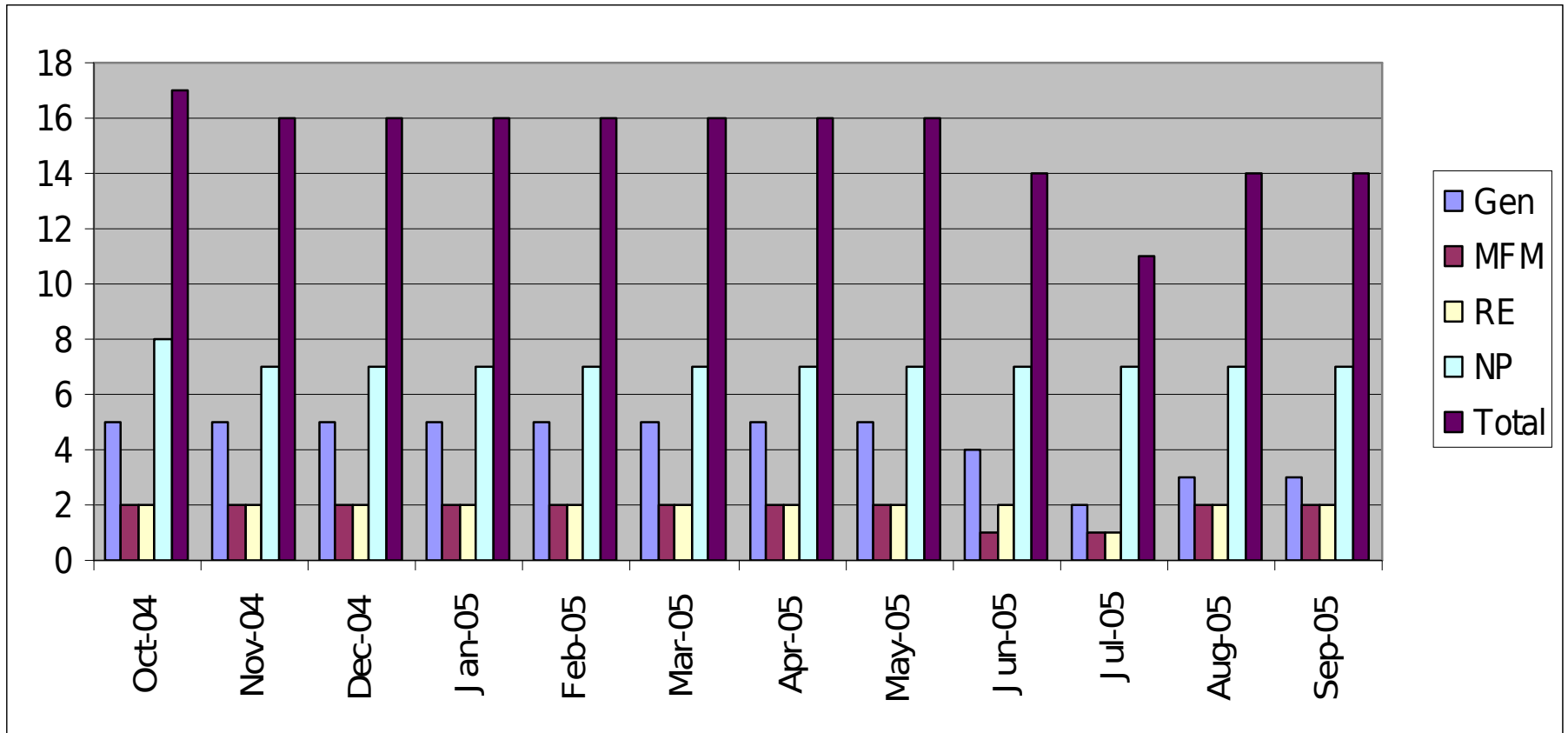
OB/Gyn Residency GME Program Status (cont)

- Case Mix and Patient Volume:
 - Above 50th percentile in all case types except:
 - Cesarean deliveries in bottom 1/3 nationwide
 - Operative delivery rate in top 25%
 - Abdominal hysterectomies in bottom 20% (if decreases more, may be a concern for accreditation)
 - Vaginal hysterectomies in top 1/3
- OR starts: 2 weekly at WHMC/8 weekly at BAMC
- Minimum OR starts required for residency: 2 weekly at WHMC/8 weekly at BAMC
- Optimum OR starts: 2 weekly at WHMC/10 weekly at BAMC

OB/Gyn AF Staff Provider Projection @WHMC

- Currently have 9 staff physicians and 8 FTE nurse practitioners
 - 5 generalists, 2 maternal-fetal medicine specialists, and 2 reproductive endocrinologists
 - 4 military NPs and 4 contract NPs
- 1 Nov 04, will lose one NP position (Contract change)
- In June/July 2005, will have 4 staff physicians
 - Losing 3 generalists, one MFM and one RE
- In August 2005, 3 staff physicians will arrive
 - Gaining one generalist, one MFM, and one RE
- Have 1 Army RE staff/residency director (no change)

OB/Gyn Staffing Projections FY 2005



OB/Gyn Department Problems

- Insufficient Personnel
 - Providers in June/July 2005
 - Losing 50% of staff physicians during two month
 - Loss of approximately 3100 appointments
 - Another consideration is the arrival of residents during this time, further straining the staff shortage situation
 - Permanent losses
 - Losing total of 18% of provider positions
 - From 9 staff physicians in May 05 to 7 in Aug 05
 - From 8 NP FTEs currently to 7 NP FTEs in Nov 04

Additional Staffing Problems

- BAMC goes from 10 to 7 military physician positions in June 05 (Army and AF)
- 2 Army Ob/Gyn generalists will be deployed from Nov 04 – Nov 05
- Have 2 (? 4) contract Ob/Gyn generalists as part of GWOT
- Loss of 2/3 Uro-Gyn 1 Jul 05 and loss of third in Dec 05: No anticipated replacements until Jul 06

OB/Gyn Department Suggestions

- PCS of Travis subspecialists to WHMC in 2005 vs 2006 (GME program closed)
- Allow for contract physicians to start 1 Jun 05 (2 generalists and one MFM)
- Merge OB/Gyn services of BAMC/WHMC into one hospital for better coverage/continuity of care
- Manning assist from other bases
- Restricting access to AD/ADFM Prime only
- Disengage patients **LAST RESORT**

OB/Gyn Department PCS of Travis physicians

- Pros
 - No extra cost
 - Increases staff to meet the mission
 - Solves both subspecialty problems long-term (MFM/Uro-Gyn)
 - Ensures health of residency program
- Cons
 - Travis may be resistant to loss of subspecialists and hurts Travis program
 - Staff would not be in place @ WHMC during June-July 05 staff shortage
 - Does not solve loss of generalist staff

OB/Gyn Department

Contract personnel

- Pros
 - Solves loss of generalist
 - Helps with June-July 05 staff shortage
 - Keeps women engaged in system
- Cons
 - Cost of contract is high
 - Orientation period to military system and to facility
 - Not permanent fix
 - ?? Ability to get MFM/Uro-gyn staff

OB/Gyn Department Manning Assist

- Pros
 - Less costly than contract personnel
 - Maintain level of care in June/July 2005
- Cons
 - Difficult getting assistance during summer months
 - AF wide shortage in generalist
 - No 2 man MFM shops to get assistance
 - Continuity of care decreases for patients, especially OB
 - Cost of TDY funds

OB/Gyn Department WHMC/BAMC Merge

- Pros
 - Providers would not have to travel
 - No need for duplicate staff/supplies/equipment
 - Concentrates personal/leadership resources
 - Best long-term solution
- Cons
 - If at BAMC, reconstruction for LDRP unit
 - If at WHMC, more bed space for gyn surgical patients
 - Need for more OR starts
 - ?? Ability to be quick fix

OB/Gyn Department Services for AD/ADFM Prime Only

- Pros
 - Would decrease workload to help during shortage (both summer/permanently)
 - Follows Title 10 on priority of patients when access is limited
- Cons
 - Will require Ret/RetFM/Non-Prime/VA to be seen in network
 - Will decrease opportunities for gyn surgeries and hurt residency
 - Only decreases volume by 5-10%
 - We want to take care of out patients.

Initiatives Already Taken

- Made AF Ob/Gyn consultant and AFPC aware
- All leaves/TDY's in June-July 05 cancelled
- Limiting terminal leave to 2 weeks
- Will push for rapid credentials and early arrivals of new staff
- Made all staff aware and will use all staff as general Ob/Gyn physicians

OB/Gyn Services

Disengagement of patients

- Pros
 - Short term fix to staff shortage
- Cons
 - Cost prohibitive (see following slides)
 - Minimizes continuity of care
 - Will diminish trust in military medicine system / ?? recoverable
 - Defeats Ob Challenge Project
 - We give the best care / ? Availability of care
 - Goes against everything we have worked for at WHMC/BAMC since 1996 merger! 2 patients disengaged in 8+ years.

OB/Gyn Department

Suggestions on disengagement

- OB services:
 - During June & July
 - Decrease by 50% level II ultrasounds and amniocenteses (network price \$9400/month)
 - Decrease by 25% new OB appointments for ADFM/Ret/RetFM
 - Would need to start sending women downtown now due to gestational period (women in early pregnancy now will be delivering in the summer)
 - To decrease by 25%, would need to send 33 women per month (network price \$138,600 per month)

OB/Gyn Department

Current Initiatives/Suggestions

– After August

- Continued MFM shortage will result in decrease in level II U/S by 25% of current rate through Jul 06
- Decrease in U/S would cost \$4700/month in network
- Elimination of all non-Prime women from OB care at WHMC

OB/Gyn Department

Current Initiatives/Suggestions

- Gyn services
 - June/July 05
 - Eliminate all staff Gyn appointments (staff only available for consultation)
 - Decrease Pap smears by 50% (PCC would need to recapture or network at \$176,500 per month)
 - Would need to consider making gyn services by referral only

OB/Gyn Department

Current Initiatives/Suggestions

- After August
 - Lose all non-Prime services
 - Decrease by 15% gyn services overall
 - 50% of this 15% loss in services would be Tricare Prime beneficiaries

OB/Gyn Department

Current

Initiatives/Suggestions

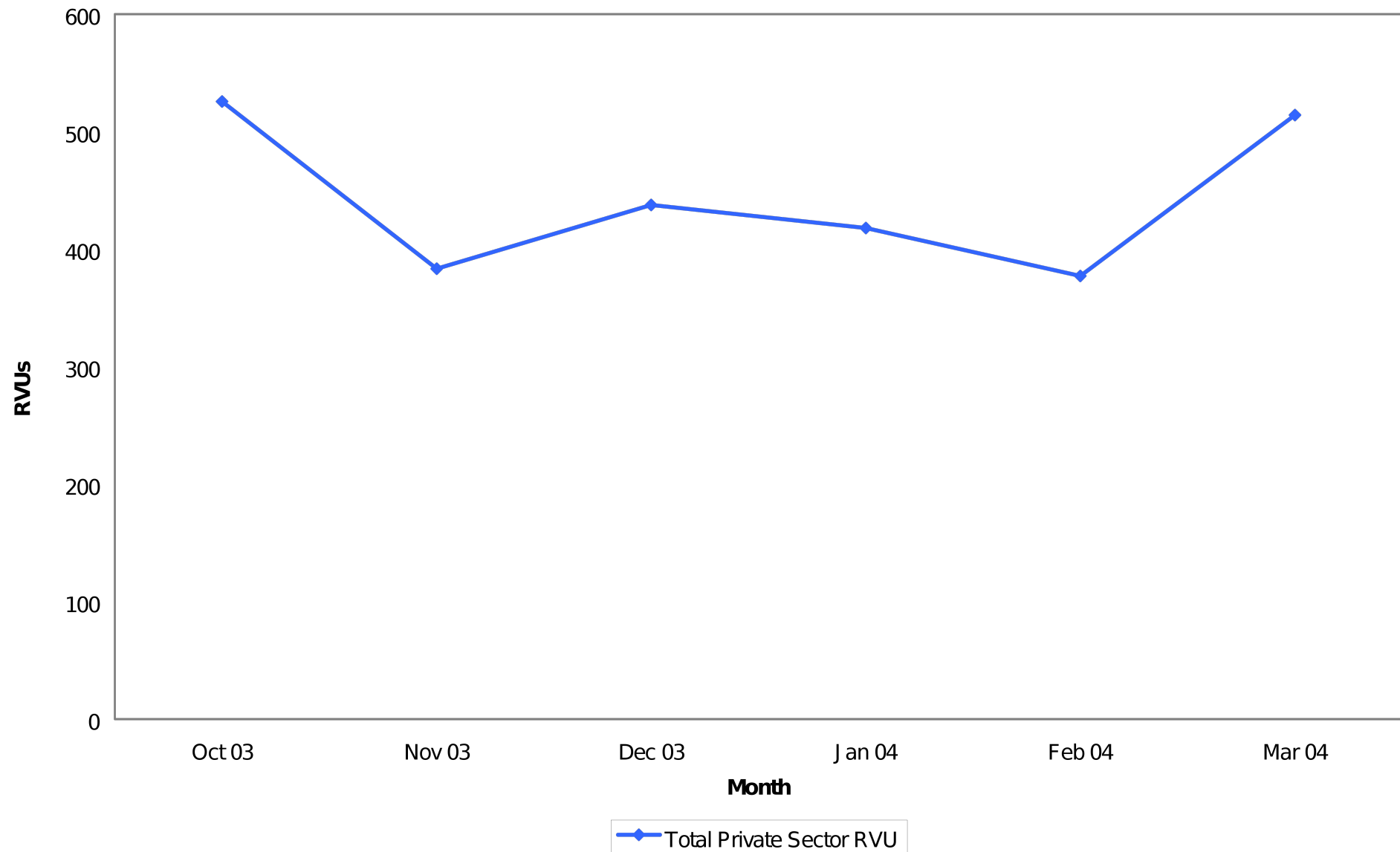
Reproductive endocrinology services:

- June/July
 - Discontinue in-vitro fertilization from June through August 2005
 - RE and infertility appointments would be eliminated to assist with gyn consultation
 - Operating room time will decrease by 50%
- After August
 - Resume usual operations

Private Sector Service Line Analysis

Outpatient OB / GYN

Private Sector OB / GYN RVUs in FY04



MTF Prime - Top 20 Private Sector OB/GYN Outpatient Procedures by Volume in FY04

Procedure Code	Count	Description
99396	95	PREVENTIVE MED SERVICES ESTAB PATIENT; 40-64 YEARS
82270	78	BLOOD, OCCULT; FECES, 1-3 SIMULTANEOUS DETERMINATIONS
99213	71	OUTPATIENT VISIT, ESTABLISHED PATIENT, LOW COMPLEXITY
99395	39	PREVENTIVE MED SERVICES ESTAB PATIENT; 18-39 YEARS
99212	36	OPV, EST; PROB FOC HX & EXAM, STFWDD DEC, 10 MIN
99386	32	PREVENTIVE MED SERVICES NEW PATIENT; 40-64 YEARS
99385	26	PREVENTIVE MED SERVICES NEW PATIENT; 18-39 YEARS
99214	24	OUTPATIENT VISIT, ESTABLISHED PATIENT, MODERATE COMPLEXITY
87210	17	SMEAR WET MOUNT SIMPLE STAIN: BACT,FUNGI,OVA,+PARASITES (L)
81025	17	URINE PREGNANCY TEST, BY VISUAL COLOR COMPARISON METHODS
99203	16	OUTPATIENT VISIT, NEW PATIENT, LOW COMPLEXITY
76830	14	ECHOGRAPHY TRANSVAGINAL
99204	10	OUTPATIENT VISIT, NEW PATIENT, MODERATE COMPLEXITY
82947	10	GLUCOSE; QUANTITATIVE
85013	9	BLOOD COUNT; SPUN MICROHEMATOCRIT
80061	9	LIPID PANEL
76801	9	ULTRASOUND PREGNANT UTERUS
36415	7	ROUTINE VENIPUNC FINGER/HEEL/EAR STICK - SPECIMEN
88142	7	CYTOPATH; PAP SMEAR, PRESERVED, AUTO THIN LAYER, MAX 3 (L)
J 1055	7	INJ , MEDROXYPROGESTERONE ACETATE FOR CONTRACEP. USE, 150 MG
58100	7	ENDOMET BX, W/W/O ENDOCERV BX, W/O CERV DILAT, ANY METH

**** Note: Private sector outpatient data excludes resource sharing and any patient age 65 and above. ****

Space A - Top 20 Private Sector OB/GYN Outpatient Procedures by Volume in FY04

Procedure Code	Count	Description
99396	149	PREVENTIVE MED SERVICES ESTAB PATIENT; 40-64 YEARS
82270	113	BLOOD, OCCULT; FECES, 1-3 SIMULTANEOUS DETERMINATIONS
99213	109	OUTPATIENT VISIT, ESTABLISHED PATIENT, LOW COMPLEXITY
99214	49	OUTPATIENT VISIT, ESTABLISHED PATIENT, MODERATE COMPLEXITY
99212	48	OPV, EST; PROB FOC HX & EXAM, STFWD DEC, 10 MIN
99395	38	PREVENTIVE MED SERVICES ESTAB PATIENT; 18-39 YEARS
76830	24	ECHOGRAPHY TRANSVAGINAL
99386	24	PREVENTIVE MED SERVICES NEW PATIENT; 40-64 YEARS
81025	20	URINE PREGNANCY TEST, BY VISUAL COLOR COMPARISON METHODS
99203	19	OUTPATIENT VISIT, NEW PATIENT, LOW COMPLEXITY
87210	16	SMEAR WET MOUNT SIMPLE STAIN: BACT,FUNGI,OVA,+PARASITES (L)
88142	16	CYTOPATH; PAP SMEAR, PRESERVED, AUTO THIN LAYER, MAX 3 (L)
76075	15	DUAL ENERGY XRAY ABSORPTIOMETRY BONE DENS STUDY
88150	14	SMEARS CERV/VAG UP TO 3 SCREEN BY TECH W/PHYS SUPERVIS (L)
81002	13	UA BY DIP STICK/TABLET REAGENT; MANUAL W/O MICROSCOPY
99204	12	OUTPATIENT VISIT, NEW PATIENT, MODERATE COMPLEXITY
82947	11	GLUCOSE; QUANTITATIVE
99385	11	PREVENTIVE MED SERVICES NEW PATIENT; 18-39 YEARS
80061	10	LIPID PANEL
87797	10	INFECTIOUS AGENT DETECT BY DNA/RNA; NOS, DIRECT PROBE
76856	10	ECHOGRAPHY PELVIC B-SCAN W/IMAGE DOC

**** Note: Private sector outpatient data excludes resource sharing and any patient age 65 and above. ****

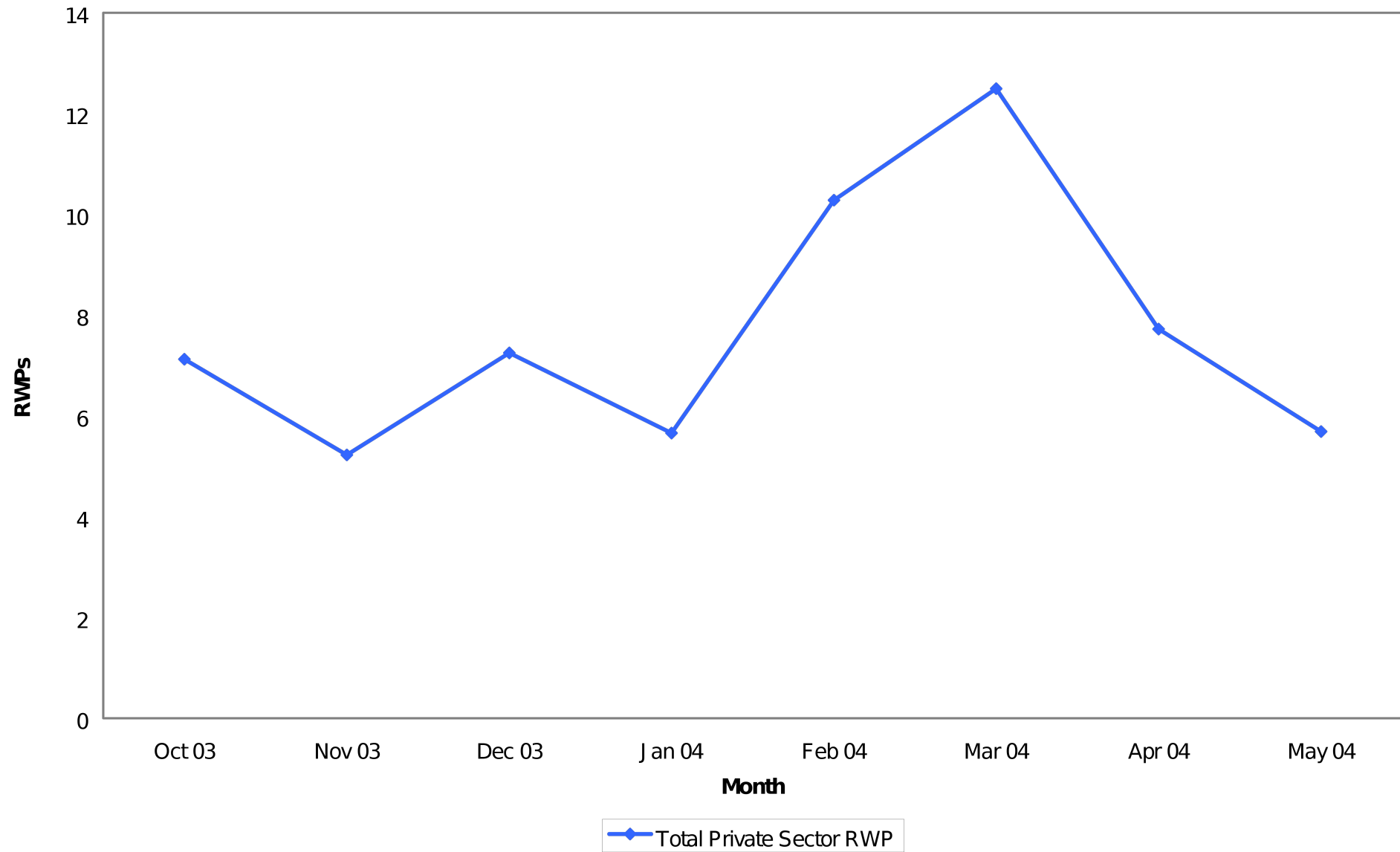
Private Sector Service Line Analysis

Inpatient OB/GYN

Amount Paid by MDC of Private Sector Inpatient Claims by Beneficiary Category in FY04

Major Diagnostic Category	Active Duty	Prime to BAMC	Prime to WHMC	Prime to RAFB/BAFB	Prime to other MTF	Prime to Network	Space A < 65	Total < 65
PREGNANCY, CHILDBIRTH AND THE PUERPERIUM	\$2,706.32	\$10,833.30	\$3,060.54	\$4,956.94	\$5,984.97	\$11,731.41	\$39,788.26	\$79,061.74
FEMALE REPRODUCTIVE SYSTEM		\$10,868.08		\$52.44		\$10,353.35	\$20,518.77	\$41,792.64

Private Sector OB / GYN RWPs in FY04



MTF Prime - Private Sector OB / GYN DRGs by Volume in FY04

DRG	Count	DRG Description
371	8	CESAREAN SECTION W/O CC
373	5	VAGINAL DELIVERY W/O COMPLICATING DIAGNOSES
367	5	MALIGNANCY, FEMALE REPRODUCTIVE SYSTEM W/O CC
359	3	UTERINE & ADNEXA PROC FOR NON-MALIGNANCY W/O CC
370	2	CESAREAN SECTION W CC
384	1	OTHER ANTEPARTUM DIAGNOSES W/O MEDICAL COMPLICATIONS
376	1	POSTPARTUM & POST ABORTION DIAGNOSES W/O O.R. PROCEDURE
358	1	UTERINE & ADNEXA PROC FOR NON-MALIGNANCY W CC

Space A - Private Sector OB / GYN DRGs by Volume in FY04

DRG	Count	DRG Description
359	18	UTERINE & ADNEXA PROC FOR NON-MALIGNANCY W/O CC
373	9	VAGINAL DELIVERY W/O COMPLICATING DIAGNOSES
371	6	CESAREAN SECTION W/O CC
380	1	ABORTION W/O D&C
379	1	THREATENED ABORTION
378	1	ECTOPIC PREGNANCY
377	1	POSTPARTUM & POST ABORTION DIAGNOSES W O.R. PROCEDURE
372	1	VAGINAL DELIVERY W COMPLICATING DIAGNOSES
369	1	MENSTRUAL & OTHER FEMALE REPRODUCTIVE SYSTEM DISORDERS
367	1	MALIGNANCY, FEMALE REPRODUCTIVE SYSTEM W/O CC
360	1	VAGINA, CERVIX & VULVA PROCEDURES
356	1	FEMALE REPRODUCTIVE SYSTEM RECONSTRUCTIVE PROCEDURES